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10	PREAS FILES STREET	3 SEX	RACE	5 DATE OF BIRT	H AGE (III	YEARS OF UNDE	R I YR. IF UNDER		MONTH	DAY YEAR 2	2d HOUR
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	PAGE 3	E	DEE WOOD	PA FILL	OSPITAL, NURSING HOLL FACULTY GIVE STREET ADDRESS		INSTITUTION	FOR MOST OF WORKING LI Housewif	IFE)	OR INDUSTRY	NESS
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BALTIMORE	URS AFTER DEA B. GIVE PACES WITH FORM F IT. PAGES+AN DIVISION OF	160 V	/AS DECEASED EVER IN U.S. A (IF YES, GIV	RMED FORCES? /E WAR OR DATES)	16b. SOCIAL SECU	1	Adelade	Notarcola	Rising		cle
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DIVIS	E. WRITIN RWARDED PAGE 3 S STATE DEP	MED	WHILE NOT WHILE AT WORK		E OF INJURY (AT HOME ACTORY, FARM, ETC.)	21f. LOCA		CITY OR TOWN	COU	NTY	STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA AFTER DEATH, WITH THE STAN BALLIMORE, MARYLAND, 212		270. Ecertify that Etaak cha death resulted from: Not ACTUAL SKGNATURE	oral causes .			Hamicide I	Undetermined manner MEDICAL EXAMINER	and in my api	3/3//8	7
	TO MEDIC EXECUTE TO PAGE 4 SI TO FUNER AFTER DEA BALTIMOR	1	EXAMINER'S NAME (TYPE OR PRINT)	SE. K	ENJEL,		DRESS HALLA	MANCEST.	HAURE	DEGARE	(M)
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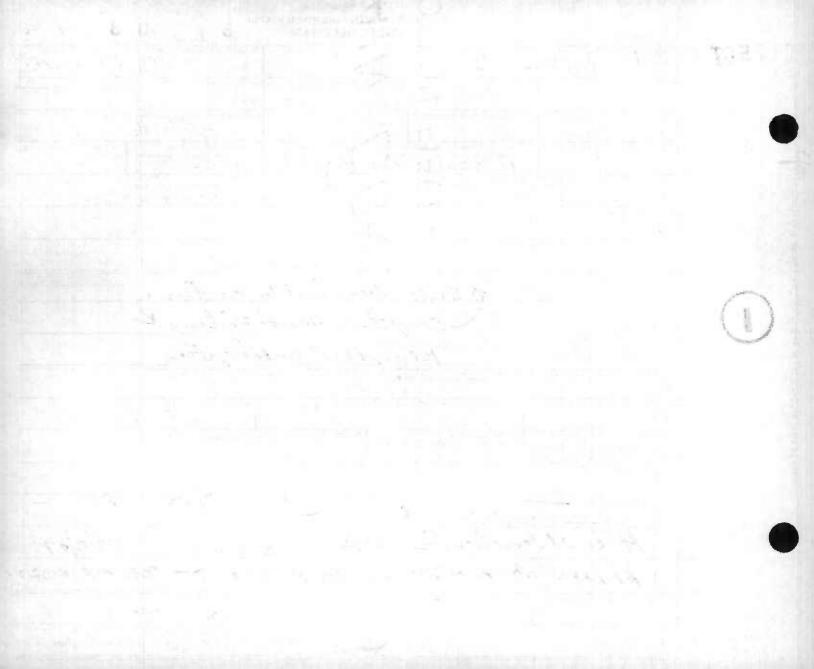
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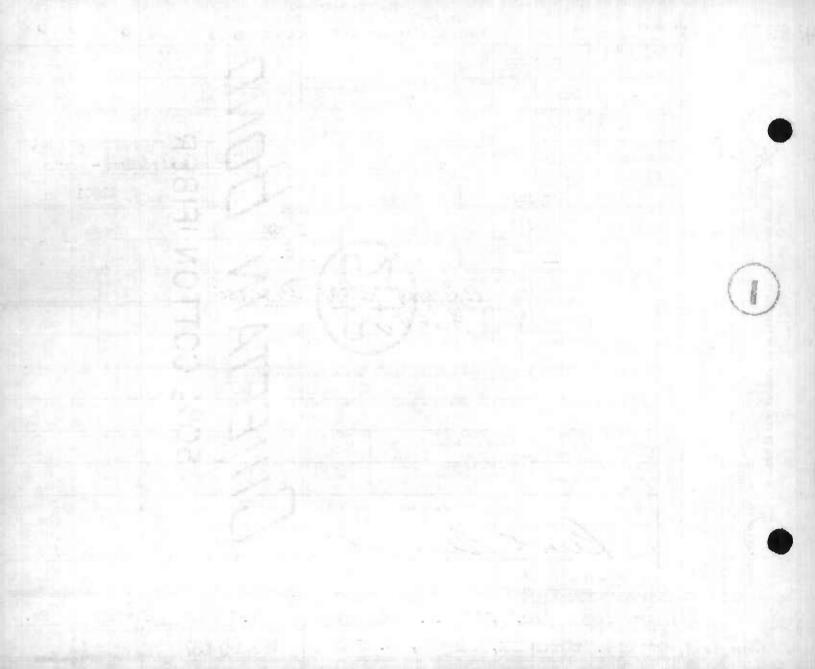
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ge 4 may ector, pa irs after d	3. SE	Female	4 RACE Whit	te	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BE	YRS.	UNDER LYEAR	HOURS MIN.
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ompletely 2 s	W	THER'S NAME FIRST	MIDDLE	Mayes		15. MOTHER'S MAIDEN NA FIRST Daisy	MIDDLE		ovell	
n ond co			MED FORCES? /E WAR OR DATES)	166, SOCIAL S 220-44		Mrs. Moselle	Freund,	Belair	Md.	nbrook F 21014 MATE INTERVAL PASET AND DEATH
ow requires that been signed by mit. Then please prior to burial, co	ATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR COL	206 IF YES, V	WERE FINDIN	IGS USED
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or offending After this can the bure of the ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
Spital CTOR: I for us of He		22a.1 certify that (I) (this hoop saw the deceased alive ar above, (I) (we) (did) (did no	3/	11/1	9 87.0	nd that in (my) tour) apinion	death occurred on the	date and hour o	and from the	
by the house by the house by the house deforthed electrons is store Dept ANT: If them		226. SIGNATURY	Joeval	long	/ 1		MEDICAL ST DIRECTOR PHYS	AFF ICIAN .	3/13	3/87
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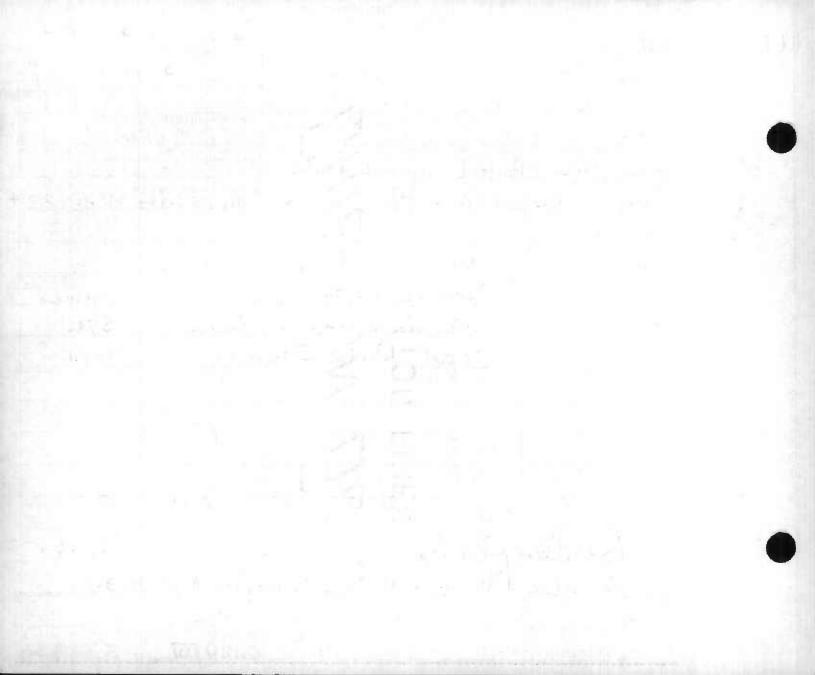
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	3. SE	x	4. RACE		S. DATE O	F BJRTH	6. AGE (IN YEARS LAST BIRTH		
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d to the second	11	TY OR TOWN OF DEA	TH 11. NAME	OF HOSPITAL, NURSIN	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATIO	WORKING LIFE) INDL	KIND OF BUSINESS OR USTRY
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sicion of.				per line far (a), (b), an		Shelby, N.	28150	BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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न में ने ने न		gave rise to imm cause (a), statin underlying cause	g the DUETO	O, OR AS A CONSEQUE	ENCE OF				
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w rec w rec mit. T	ATIC	19g DATE OF OPERAT	10N 19h 56	INDITION FOR WHICH	OPERATION	y alsered	20a AUTOPSY?	20b. IF YES, WERE	FINDINGSLISED
hos be permitted by was Annual Control of the principal Control of the	CERTIFICATION						YES T NOT	IN CERTIFYING C.	AUSES OF DEATH?
VITA No. The species of the species	CERT	21a. ACCIDENT WAS UND		AE OF INJURY		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY		
HYSICIAN, T		OR CONTRIBUTING C	AUST OF DEATH	P.M. MONTH DA	AY YEAR				
	MEDICAL	21d. INJURY OCCUR	ED 21e PLA	ACE OF INJURY		211 LOCATION	CITY OR TOW	v cou	INTY STATE
offer of the post	2	AT WORK AT WOR	ILE	E, STREET, FACTORY, OFFICE, F	FARM, ETC.)	SIRCE			STATE
O O O E		22a L certify that (1)	(the hospital) offende	d the deceased from			1 to MAKCH	14 198	, that (I) (we) last
R ATTEN hospital RECTOR hed for u		abave, (I) (***) (a	id alive anlid) (d id no t) view the b	ody after death.	, an	d that in (my) (even opinio	in death occurred on the date	and hour and tro	om the causes stated
0 0 0 0 0 4		22b. SIGNATURE	70 1-	1	6	PEGREE ATTENDING	MEDICAL STAFF	22c.	DATE SIGNED
by the by the by the by the ERAL ERAL State ANT: It AN		10	lumber	d M.)	PHYSICIAN	DIRECTOR PHYSICIA	'N 🗌	7-17-41
O HOSPITAL O HOSPITAL TO FUNERAL should be det with the State MAPORTANT:		22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)			22e ADDRESS			
TO HOSE reformed TO FUN with the IMPORTA	22	DUBLAL COETA ATION	DEMOVAL Vest = :		LAME CO.	LIETERY OR THE	· Partiocyvious		
		BURIAL, CREMATION, SPECIFY)				METERY OR CREMATOR	CITY OR TOWN	COUNTY	Y STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)	Ta	rring Fune	ral Home P	.A. ADDRESS	21001		MAD 4 8 1097	The state of the s	2 mary during
(400 15, 4)	2	South Pa	irke St., AD	erdeen MD	21001-	2277	THE TO BOY		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 75 HOUR 20 DATE KNOWN (TYPE OR PRINT) Harrison Henry ESTI-Avres DEATH MATED 9a M 3/13 87 19 3 SEX 4 RACE S DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) White PRONOUNCED DEAD Male 28 70 3/16 1987 11am 16 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED XX DIVORCED Harford 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Aberdeen 479 Eastern Ct. Service technician auto USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 479 Eastern Ct. MD Harford Aberdeen NO X 14. FATHER'S NAME 15, MOTHER'S MAIDEN NAME LAST MIDDLE Elmina John Josiah Ayres Gross 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMAN ADDRESS 21001 FYES. NO. OR UNKNOWNI Wayne Ayres 3627 Aldino Rd. Aberdeen, MI 219 05 0884 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ARTMENT OF HEAD OF TO BURIAN C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY XX 220. I certify that I took charge of the remains described above, held on Inquiry Homicide Undetermined monner ITLE (SPECIFY) 3/16/87 Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 464 Alliance St. HavreDeGrace, MD Luis E. Reniel. (TYPE OR PRINT) 40 Pa. Mar. 18, 1987 R.A. Ferris Crematory W.Chester Chester Cremation 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH CREGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 3 Tho Has Darr deor 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 907 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? COUNTRY U.S.A. Ireland DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 26 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Horse Breeder. Racing JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS,/ ZIP CODE 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Sullivan Bartholomew Barry Hannah 16b. SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mrs. Marjorie Barry P.O. Box 175. Darli No Darlington. 21034 18 CAUSE OF DEATH (Enter only one couse polline for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Vunue IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (o), stoting OYNS underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [Hygier Hygier 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION ö 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIG DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) MD Darlington 3 - 21 - 87Darlington Cemetery Harford Burial ADDRESS 333 S. Parke St 250. DATE REC'D. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Tarring Funeral Home P.A. Aberdeen, MD 21001



- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

ROBERT

I. DECEASED NAME

BALTIMORE CITY OR COUNTY OF DEATH Harford County 126 KIND OF BUSINESS OR 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)

Mechanic INDUSTRY Soap 1412 WILLOW Oak Road 21040 MIDDLE Watson ADDRESS Edgewood, Md. 21040 Mrs. Doris M. Berry, 1412 Willow Oak Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH tic Proportie Carcinoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21E. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OF LOWN STATE Appinian death accurred an the date and have and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN NowAkowski 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation Mar. 13.1987 A Ferris Crematory Howard K. McComas III, Abingdon, Md. 21009

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BERRY

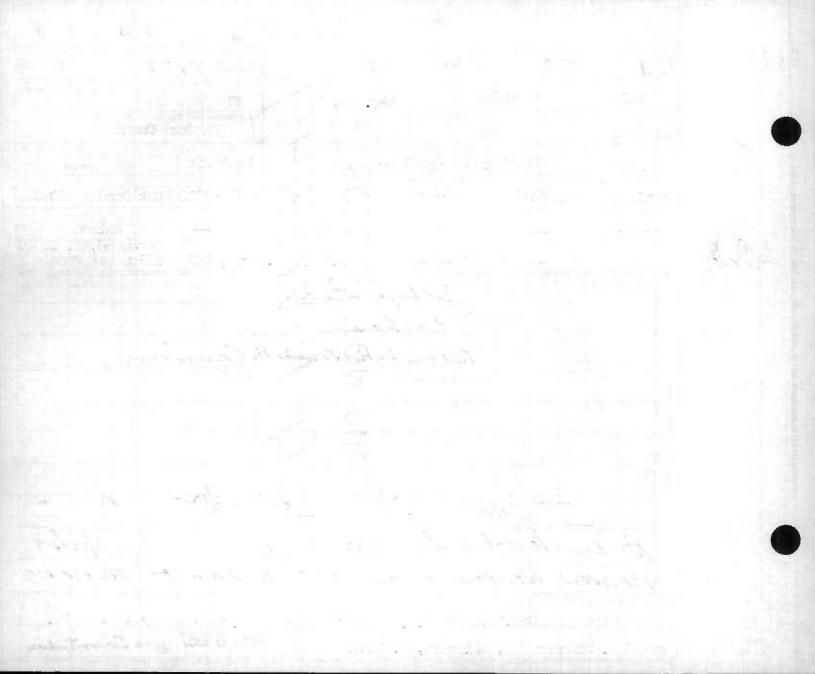
ALVAH

20. DATE OF DEATH MONTH

March 12, 1987

3:24 AM

IF UNDER I YEAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME STANCEY Robert (TYPE OR PRINT) 87 3 SEX 4. RACE ~ DATE OF BIRTH MAY 1, 1916 6 AGE IF UNDER 24 HRS (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR WHITE (70)76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE | (STATE OR FOREIGN COUNTRY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Harr Good Count HEW JETSEN 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 15 TO 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 130 STREET ADDRESS / ZIP CODE 21214 & FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elizabeth KETTO Frederick Bollhardt 17 INFORMAN (WITE) 838-9434 ADDRESS South Hickory Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 158-03-4729 (IF YES GIVE WAR OR DATES) Mrs. June F. Bollhardt Bel Anmaryland 2101X WWZ (-Army APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which iona gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LAK CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR YES [NO F Hygu 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN DE 22e ADDRESS ld b 660 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial CITY OR TOWN COUNTY April 2, 1987 Holy Cross CEMETER North Artington NEW ZELZE 24 FUNERAL DIRECTOR 50 W. Brondways Williams St. Joseph William Foster DHMH - 16 60M 7/B4 Julia Dinson P. BEL Air, MARYLAN 21014 (VRA 15. 4) mysrodle Folto

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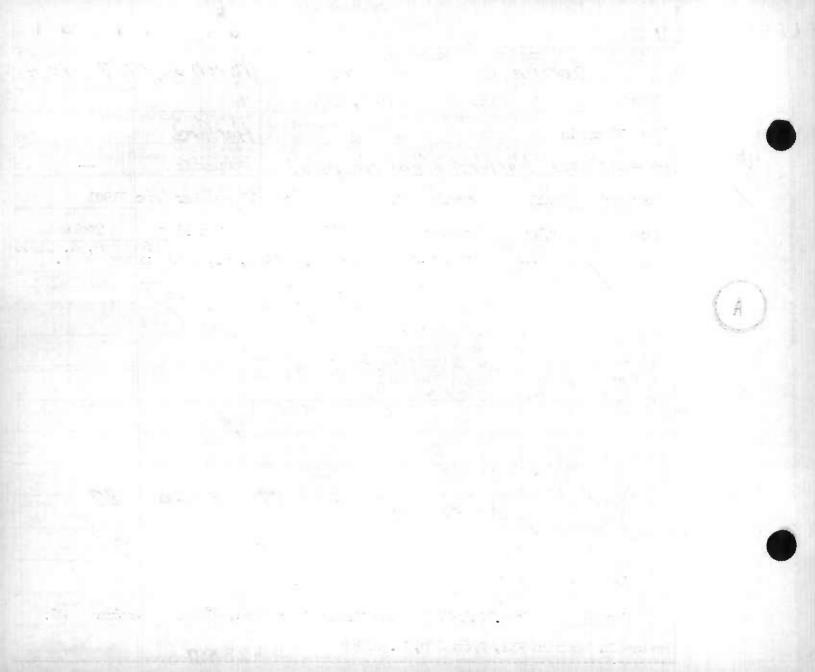
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Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 17- STATE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH YEAR 2b. HOUR DECEASED NAME MIDDLE TYPE OR PRINT 10:00 P.M poge -MAE MARCH 12, 1987 ANN **BREEOEN** IF UNDER 24 HRS 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3. SEX 4. RACE MONTH FEMALE WHITE FEBRUARY 1, 1933 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED VIRGINIA HARFORD COUNTY WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAVRE de GRACE 422 BATTERY ORIVE HOMEMAKER WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN HARFORD 422 BATTERY DRIVE 21078 HAVRE de GRACE YES X NO [MO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST LAST FIRST MIDDLE FIRST MIDDLE SCHAFFER DAN HARMON MATTIE ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) JAMES E. HARMON, 79 DIAMOND JIM ROAD, PORT DÉPOSIT. NO 218 32 4512 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: LOUDCARCINOMA TO LIVER MG TASTATIC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIX YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED 77h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 13MARCH87 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) A. P. CANLAS, M.D. 504 LEWIS STREET, HAVRE de GRACE, MO. 21078 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL STATE (SPECIFY) BURIAL 15MARCH87 ANGEL HILL CEMETERY HAVRE de GRACE, HARFORO CO., MO.

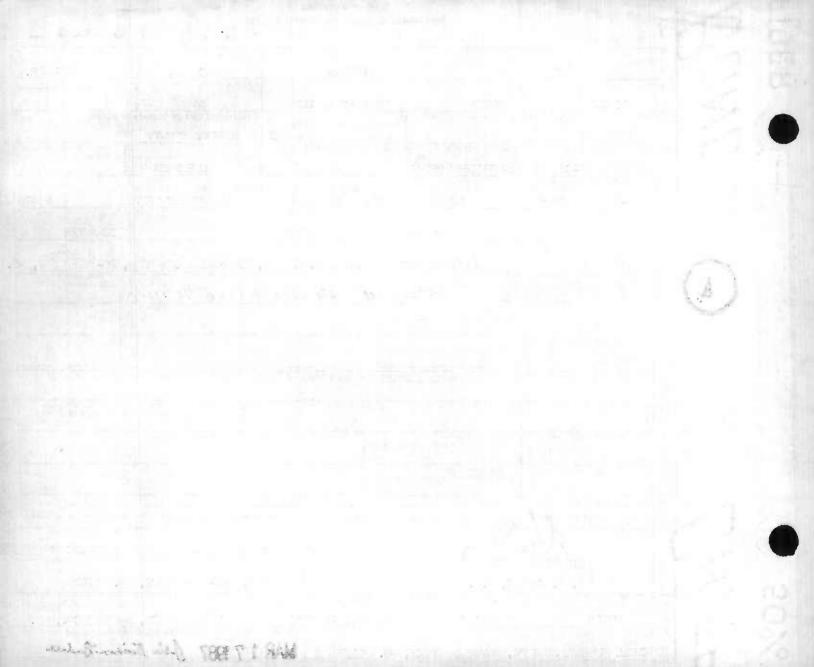
DHMH - 16 50M 4/83 (VRA 15, 4)

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

24 FUNERAL DIRECTOR

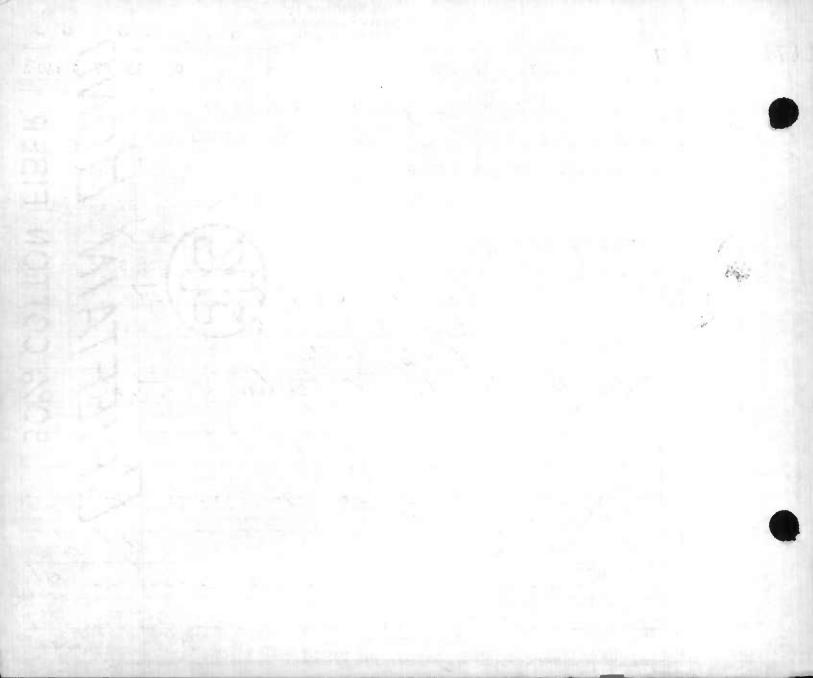
ADDRESS.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE les Beaton Le



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MIDDLE MONTH 2b. HOUR TYPE OR PRINTI 13 87 BRODSKY 03 10:40 ADDTE 5 DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HR 3 SEX 4 RACE MONTH 16,1897 Female Caucasian Oct. 89 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED HARFORD COUNTY Maryland DIVORCED WIDOWED 126 KIND OF BUSINESS OF C IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CITIZENS NURSING HOME Telephone Sales Department HAVRE DE GRACE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 1136. COLINTY 1137. CITY OR TOWN 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Harford Bel Air 1 Inverness Way, 21014 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Martha Hummel Adam Long 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO 219-18-498\$-A, Donald L. Brodsky, Son, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for iod, (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o). Moting the underlying HE TERMINAL DISEASE OR CONDITION GIVEN IN PART In CERTIFICATION WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORME IN CERTIFYING CAUSES OF DEATH? NOF YES IT 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) T HOW TO HOT WHILE I 271 Certify the (1) (this hospital) oftended the deceased from anw the detected olye on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated not) view the body ofter death. SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION 230 BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Meadowridge Buria. Balto, 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3331 Brehms Lane DHMH - 16 60M 7/B4 بالمعامدة المسادر (VRA 15, 4) FUNERAL HOME, Balto, Md. 2121

STATE OF MARYLAND



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STATE OF MARYLAND

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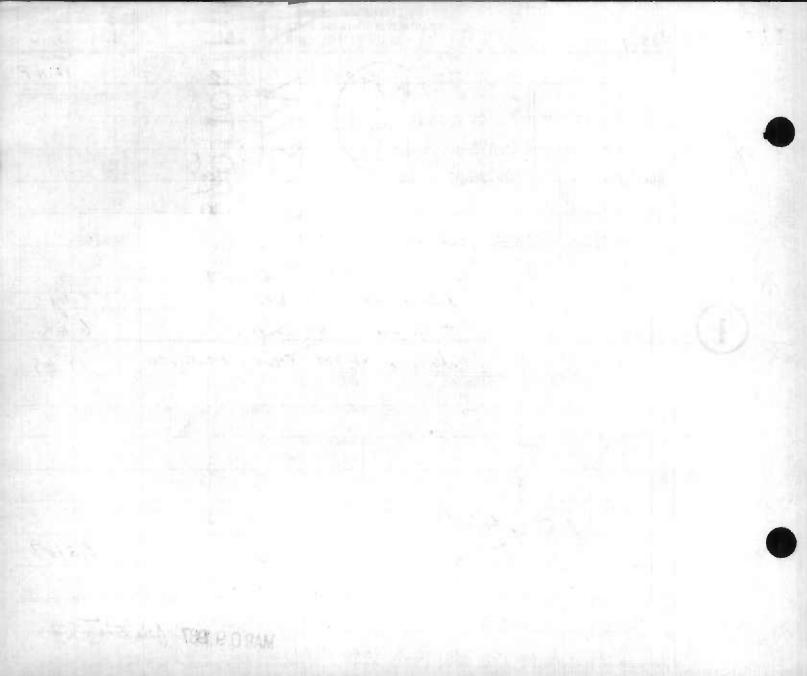
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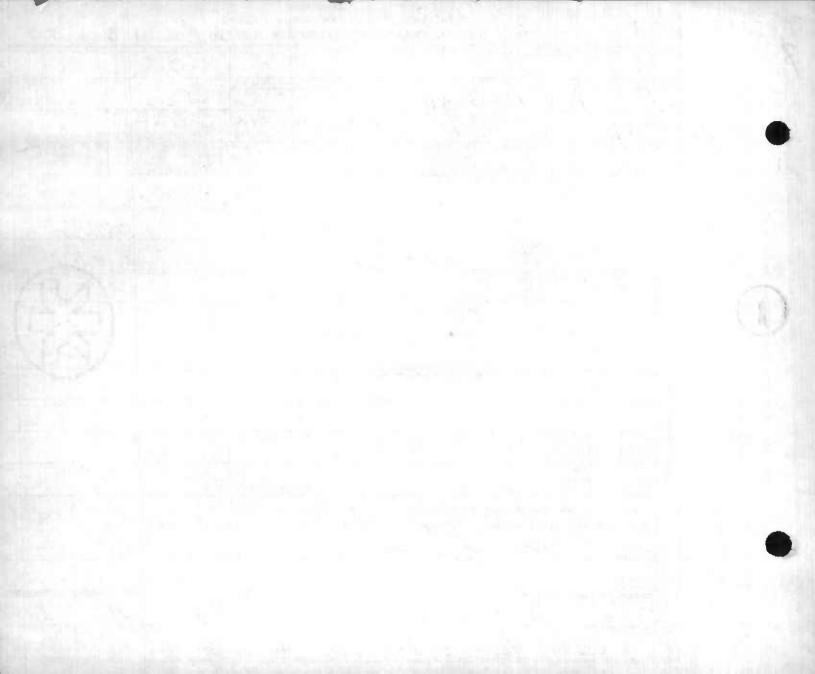
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24 FUNERAL DIRECTOR

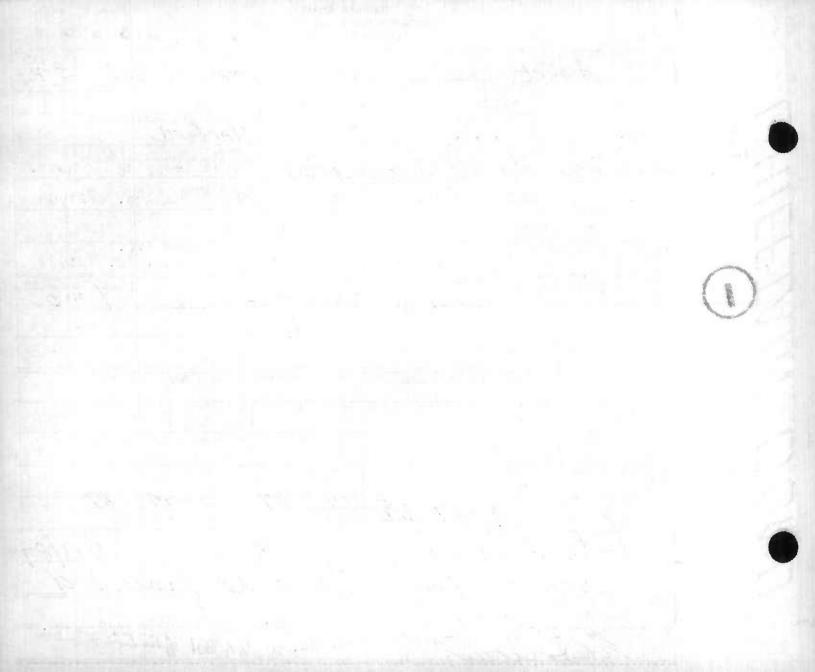
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5	WARDE WARDE PAGE 3 STATE D 21201	Z	WHILE DOT AT WORK	WHILE		ORY, FARM, ETC.)	STREET	1:	CITY OR TO				
	CATE, WRITIN CATE, WRITIN FORWARDED OR: PAGE 35 HE STATE DEP	100	AT WORK AT W	ORK	họi	me.		liance S	Creet, H	avre d	e Gra	ice, h	ariord,
	N H S S S S S S S S S S S S S S S S S S		220. I certify that	l taak charge a	of the remains desc	ribed abave, held an	Autopsy L	X Inspection	, Inquiry	LJ, and	d in my ap	ningn	
-	XI W SIL		death resulted from	Natural .	causes 🔲,	Accident ,	Suicide .	Hamicide	Undetermined m	anner,			
	AAR WEER		ACTUAL	1/1/2	. /	//		ITLE (SPECIFY)					
	AHEN THE		SIGNATURE_	111	0	2	M.D.A.S	ssistant	MEDICAL EXA	MINER	SIGNE	3-14	1-87
	NO PEA		EXAMINER'S NAME							- 2.		- 046	204
	TER GE		(TYPE OR PRINT)	Willi	am M. Za	ne, M.D.	ADDR	ESSIII F	enn St.,	Balto	., M	D 212	101
	TO MEDICAL EXAMINEST EXECUTE THE CERTIFICATE PAGE 4 SIGNED BE FOR TO FUNDE A PATER DEATH, WITH THE SITE BALTMORE, MARYLAND, 2	23a. B	JRIAL, CREMATION, R	EMOVAL 23h	DATE	23c. NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		epu	NIYO /	STATE
07/84	BP.550	1	Burial	2	-24-81	UNION	Uniter	1	Aberde	en)	Har	Good	1111
25M	DHMH - 17	24 F	INERAL DIRECTOR		1	,		25a DATE RE	C'D. BY REGISTR	AR 256 REGI		IGNATURE	
	(VR A15 ME (5))	A	ENOIS BEA	ARD .	Harre	de Gra	ce. MI	2. MAR	3 0 1987	what	andso	-Manci	Elen .



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 230 TYPE OR PRINTI ESTI-Arlie DEATH MATED Gayle. Coffin 19 2d HOUR 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 30 12/26/28 58 DEAD 3/20 19 87 ·M Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [DIVORCED Harford ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING HEET OR INDUSTRY Fallston Fallston General Retired USHAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 136. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1612 Meadowood Ct MD Harford Edgewood 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Coffin Cindy Jones Car1 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS LIF YES, GIVE WAR OR DATES! No 244 40 3434 Cathy Tillman(daughter) Edgewood, MD 2104 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 io CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURI YES [] NO . 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 215 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OF TOWN COUNTY STATE WHILE AT WORK AT WORK 22e I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my apinion Hamicide Undetermined manner PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITI BALTIMORE, MARY 3/20/87 Deputy MEDICAL EXAMINER EXAMINER'S NAME Luis Alliance St. HavreDeGrace, MD (TYPE OR PRINT) Renie1 ADDRESS 464 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY MD^{STATE} Fallston. 3/24/87 Highview Memorial Cem. Harford. Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 333 S. Parke St. **DHMH - 17** Carring Funeral Home, P.A. (VR A15 ME (5)) Aberdeen, MD 21001



death certificate be

TENDING PHYSICIAN The low

TO HOSPITAL

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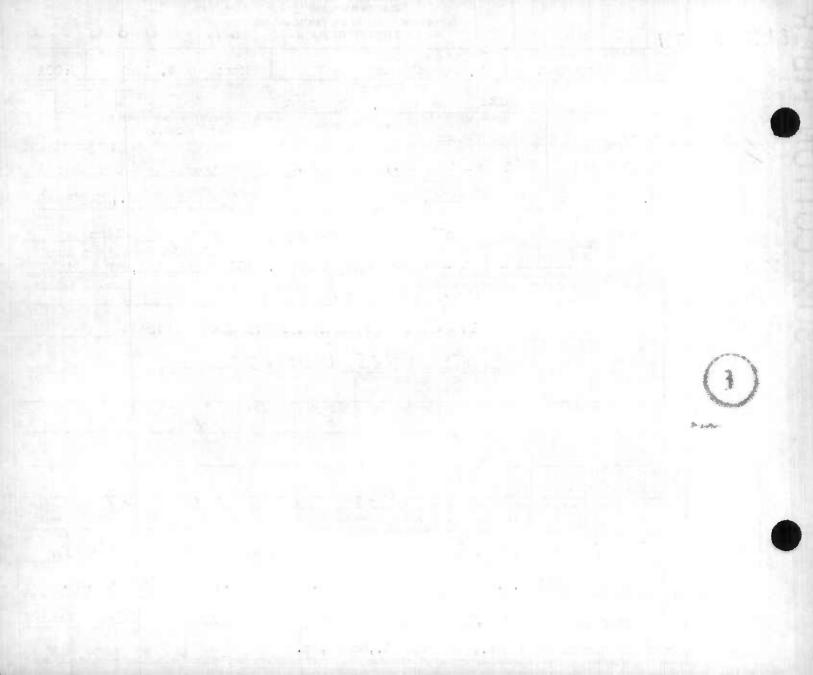
y the furneral director, page 3 led within 72 hours after death

STATE OF MARYLAND

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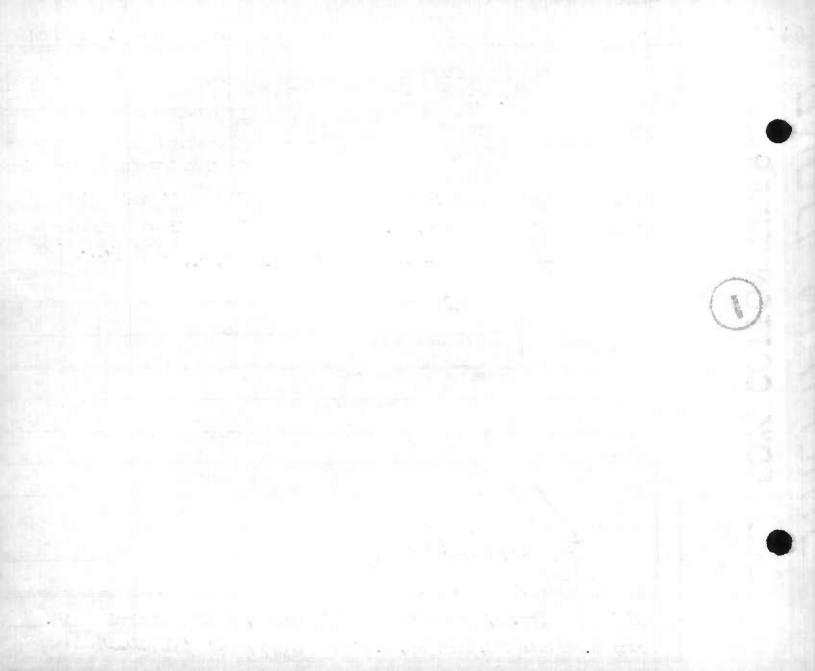
M H	STATE REGISTRAR			DEPARTA		FICATE OF DEATH	B REG. NO	0	8 5	7 1
	CEASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	26 HOUR
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(RIHPLACE (STATE ORI	FOREIGN		what country? States	MARRIE WIDOWE	D NEVER MARRIED	Harford C	R COUNTY	OF DEATH	
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M FA	Jacob	,	MIDDLE	Mall		15 MOTHER'S MAIDEN NA FIRST Katherin	MIDDLE		Kline	ī
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 511-40-		Marguerite C	4041	-20 Co	nowing	
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	C Pro M		DUE TO, O	R AS A CONSEQUE	NCE OF			_		
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CERTIF	gove rise to immediate (a), storing underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d INJURY OCCUR! WHILE NOTIFY MED) 220. I certify that (I) saw the decease obove, (I) (we) (i) (we) (i)	TION DERLYING CAUSE OF DEA CAUSE OF DEA CALEXAMINER) RED HILE CON (this hospit ed alive on add) (did not	19b. COND 19b. COND 19b. COND 19b. COND 21b. TIME O HOUR A. 10 P. 21e. PLACE (AT MOME STE tol) ottended th 3 Usew the body.	R AS A CONSEQUE CONTRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM EIC)	NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 216. LOCATION STREET 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUI CITY OR TO death occurred on the de	20b IF YES IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDIN YING CAUSES S	NGS USED OF DEATH? NO STAT that (I) (we)
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DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED pennis Eugene Comer 2119 87 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 7:45P Dec. 5,1965 Male White DEAD TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED Harford County ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Sheetmetal Worker Construction Fallston Fallston General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 3706 Sewell Road 21009 NO 5 Maryland Harford Abinadon 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Brawner Melissa Walter Rochelle Comer, Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Abingdon, Md. 21009 Walter W. Comer, Sr., 3706 Sewell Road 217-88-6064 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotgun (multiple pellet entrance wounds) wound Canditions, if any, which xxof front of chest, abdomen and left arm gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO T 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TO MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Subject shot 21 1987 71e PLACE OF INJURY (AT HOME 21f. LOCATION WITORY, FARM, ETC 1 WHILE AT WORK 703 Philadelphia Rd, Joppa, Harford Co, MD. Autopsy X 220 I certify that I took Inspection TO MEDICAL EXAMINE
EXECUTE THE CETTIFICATE
PAGE 4 SHOULD BE TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLAN Hamicide X death resulted train Undetermined manner TITLE (SPECIFY) ACTUAL 3/22/87 Chief SIGNATURE Smialek, M.D. 111 Penn St. Balto.MD. John MAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Mar. 25, 1987 Harford Memorial Gardens, Aldino 07/84 24. FUNERAL DIRECTOR **DHMH** - 17 Aulia Sicidion Randalle Howard K. McComas III, Abingdon, Md. 2100 9 (VR A15 ME (5))

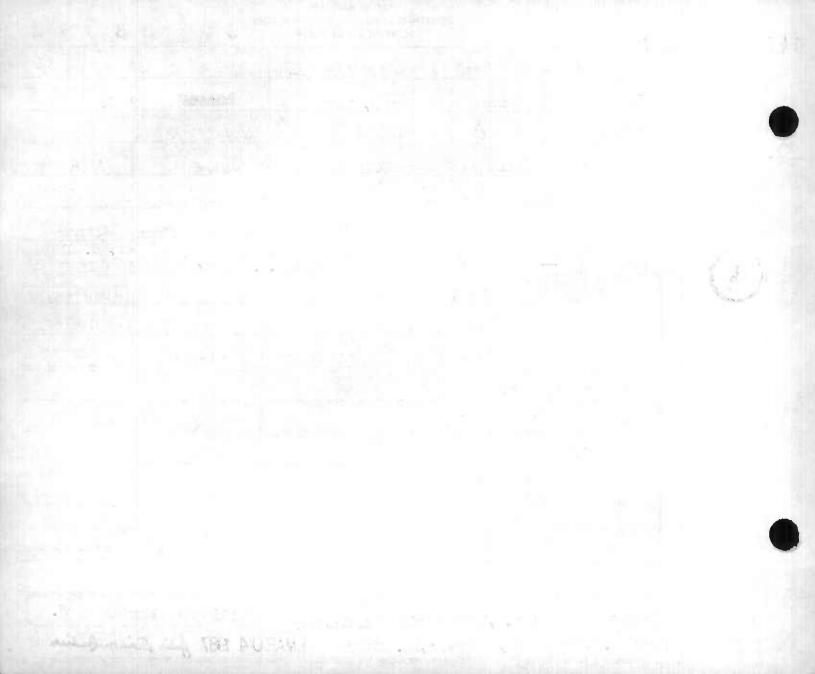
STATE OF MARYLAND



DHMH - 16 60M 7/B4 (VRA 15. 4)

24 FUNERAL DIRECTOR

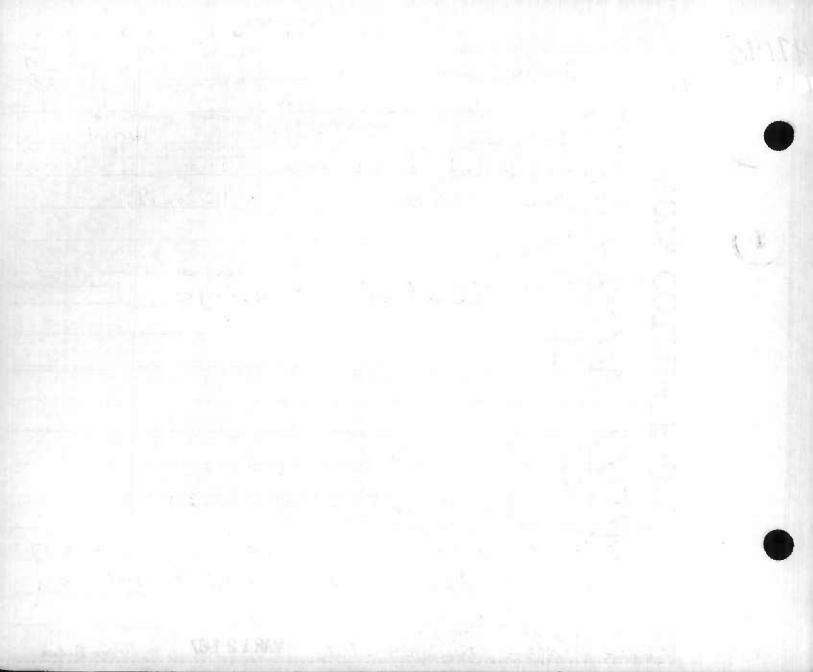
Howard K. McComas III, Abingdon, Md. 21009



				STAT	OF MARYLAND		
3748 IMR:	[1]	STATE REGISTRAR	D		EALTH AND MENTAL	HYGIENE B PREG. NO.	8 3 9 3
nay be poge 3		CEASED NAME FIRST I	ula 5,	parks	MES MES	3/25/87	DAY YEAR 26 HOUR
ge 4 ma ector, po rs after c	3. SE	FEMALE	WHITE	5. DATE C		8 98 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
1 1 10	No	IRTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76. CITIZEN OF WHAT CO	MARRIE		Harford Count	Y MD.
1013 132	F	ALLSTON	11. NAME OF HOSPITAL, LIENOT IN SUCH FACILITY, G FALLS TO	N GEN	ERAL HOS	PITAL HSWF.	126 KIND OF BUSINESS OR INDUSTRY
THE STATE OF	130. M	AL RESIDENCE (IF NURSING HOME OF STATE ARYLAND HARF	ORDCO. BE	OR TOWN LAIR	13d. INSIDE CITY LIMITS	3 14 Silver S	prina Dr.
152		ATHER'S NAME FIRST William	Sp	arks	15 MOTHER'S MAIDEN	WIDOLE	Moxley
S. Pot		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GY	VE WAR OR DATES)	12-5629	Paul W.Coon	mes, 314 Silver Spr	Air,Md. 21014 ing Drive, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death ce signed by the attending Then please remave carb to burial, cremation, or r njury, or other traumatic	→ NC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	UR INA		ERMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
an. he law re hos beer re permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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ING PHY offer this os the but though	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING her hospital and pirectors. A poched for use both of the pirectors of the pire		22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (ma) (did) (did mo 22b. SIGNATURE	~ /	h. 19 , or	d that in (my) (our) opin DEGREE	to 100 prints to	and from the causes stated 22c. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be derived that the Store IMPORTANT:		22d PHYSICIAN'S NAME (1498 C)	Nowakon	ster m	PHYSICIAL 22e ADDRESS	W. MATN ST,	3/21707 BOZIAIR, MD.
BP	3	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE Mar. 30, 1987		EMETERY OR CREMATO	Bel Air Harf	
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director ward K. McComas	s III, Abingô		25a	AR 3 0 1987 Alia Da	RAR'S SIGNATURE

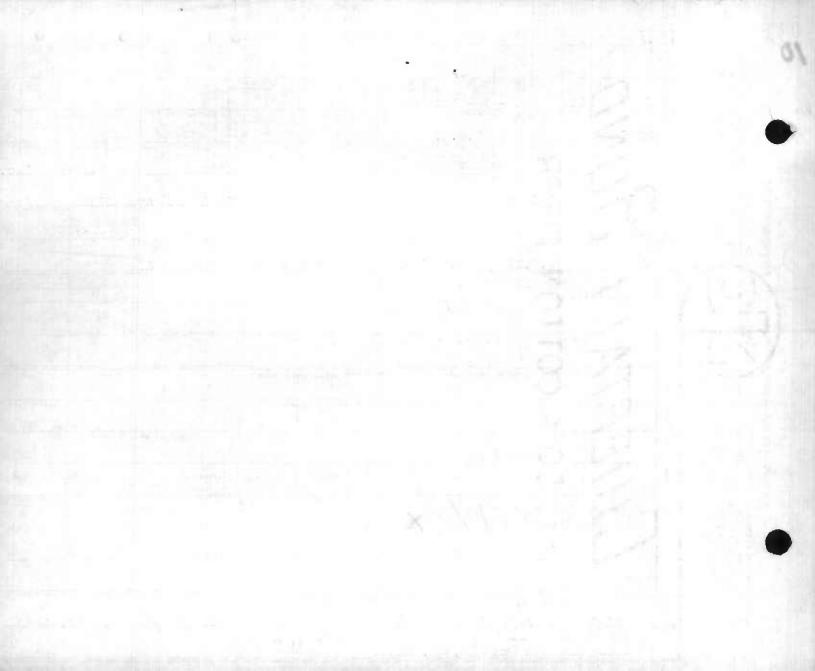
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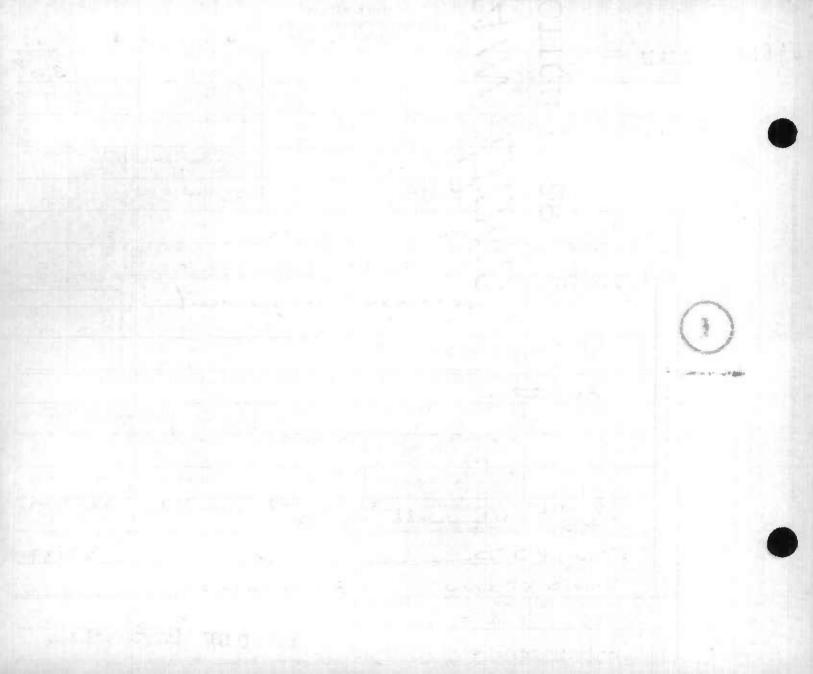
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 07 10 corac 4 RACE 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 5. DATE OF BIRTH MONTH YEAR 1934 Mar BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED [CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY salesman real estate SUAL RESIDENCE (IF NURSING OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13c. CITY OR TOWN 13e.STREET, ADDRESS / ZIP 13d INSIDE CITY LIMITS? obora NO XIX IS MOTHER'S MAIDEN NAME # FATHER'S NAME and the late 1,430 MEDIA Virge Ridinger Cox George Cox Road 17. INFORMANT NAS DECEASED EVER IN U.S. ARMED FORCEST THE SOCIAL SECURITY NO IF IES, GOT WAR OF DATES. n/a Maryland SETWEEN ONSET AND DEATH IL CAUSE OF DEATH (Enter only one couse per for (a), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO: OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 3-10 sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated obove (1) (we) (did) (did not view the built ruter death 17h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF PHYSICIAN WIRECTOR PHYSICIAN 22d. TYSICIAN'S NAME ITYPE OR PRINT 77× ADDW 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d. LOCATION Burial West Nottingham Mar. 987 Colora BP. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



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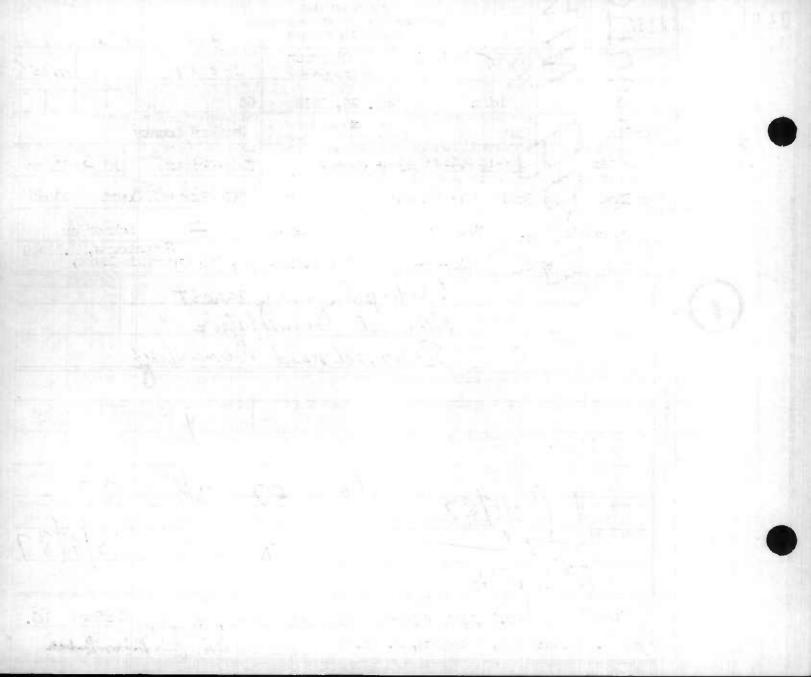
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18			EASED NAME	FIRST		WIDDLE		i	LAST		2	a DATE KI	NOWN [MONTH	DAY	YEAR	26. HOUR
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STATE OF MARYLAND	
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH TO CONTROL OF THE PROPERTY O	08398
REG. NO.	TH DAY YEAR 26 HOUR
1 00 (IYPE OR PRINT) Margaret M. GARLY March	11 1987 1:02/
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY MONTH DAY YEAR) IF UNDER LYEAR IF UNDER 24 HRS
20 W W 100	YRS.
70 BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED P. BALTIMORE CITY OR CO	OUNTY OF DEATH
MARYLAND U.S.A. WIDOWED DIVORCED DIVORCED 110 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	Tord MD.
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	IKING LIFE) INDUSTRY
HAUTE de GLACE HANTON MEMORIA HOPITAL HOME MAN LISTATE	210111
136 STATE 136 COUNTY 136 CITY OR TOWN 134 INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP YES X NO 1706 PRIN	CODE
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Conditions, if ony, which (b)	
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI	IVEN IN PART 11a
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	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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216. ACCIDENT WAS UNDERLYING	IEM TB PART I OR PART 2]
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22a L certify that (I) (this haspital) attended the deceased fram	, 19, that (I) (we) last
sow the deceased alive an above, (1) (we) (did) (did nat) view the body after death.	nd hour and from the causes stated
O P O O O DEGREE ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING	3/1/0-
PHYSICIAN DIRECTOR ET PHYSICIAN 220 ADDRESS 220 ADDRESS 220 ADDRESS	1 (18)
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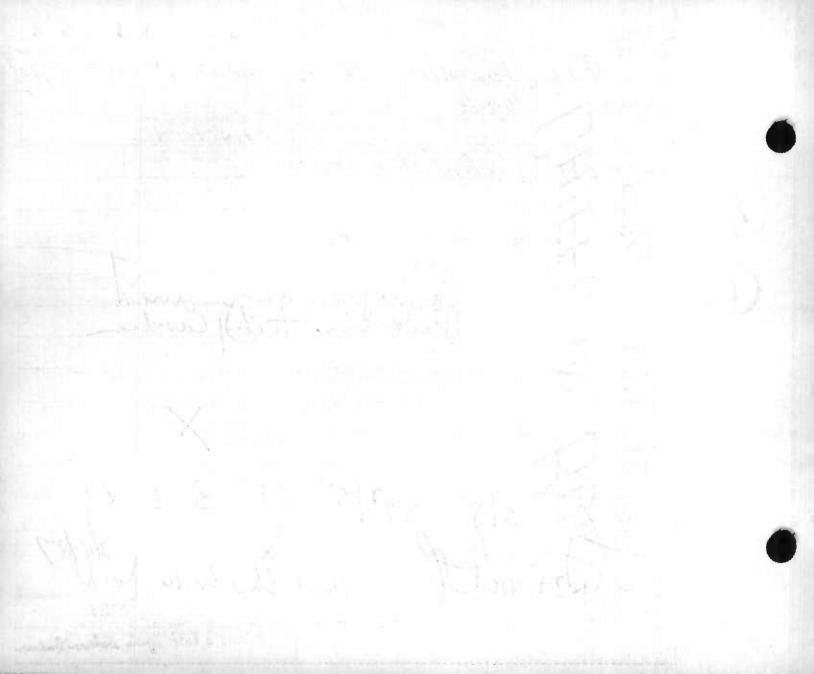


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STATE OF MARYLAND

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STATE OF MARYLAND

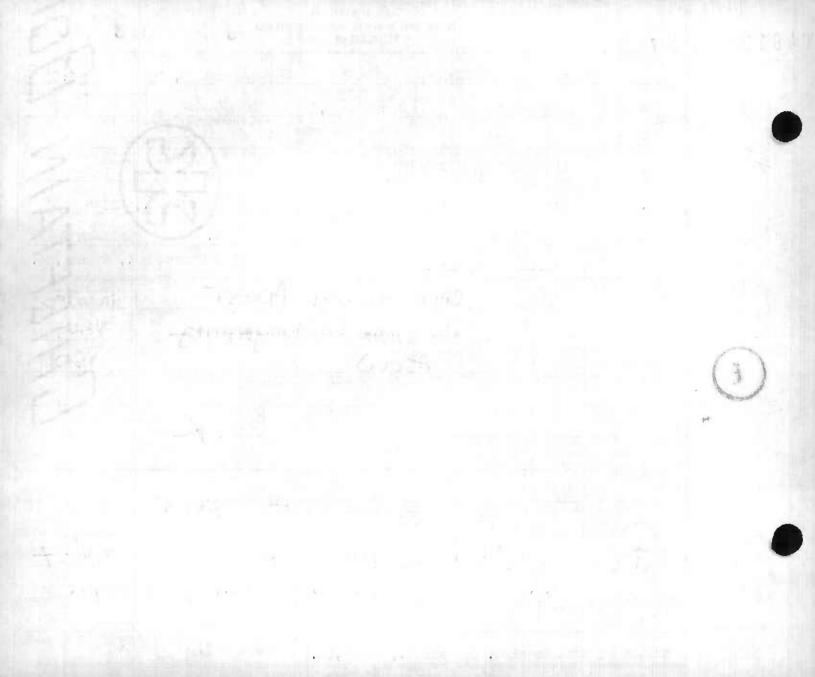
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	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG	IENE 8 PEG. NO	0 8	+1 0
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3 SE	x	4	RACE	1982	5. DATE C		& AGE (IN YEARS LAST BIRTH	MONTHS DA	
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170 B	IRTHPLACE (STATE OF	FOREIGN 7		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR	county of DEATH	
100	Maryland ITY OR TOWN OF DE	ATH 1		OSPITAL, NURSIN		DIVORCED DIVORCED DR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b. KINI	D OF BUSINES
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7, 11)F	ATHER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	100	LAST
41	Isaac		Vallace			Annie	L.		.son
	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		WAR OR DATES)	166 SOCIAL SECUI		Jeanne Jacks	on 3960 Str	eet Rd., S	treet,
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only WAS CAUSED IMMEDIATE		CARD	rolul	Maray A	RREST	0.0	ROXIMATE INTERVIEW ONSET AND I
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NO			ONDITIONS CC	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or cond	ITION GIVEN IN PART	1 100 7
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

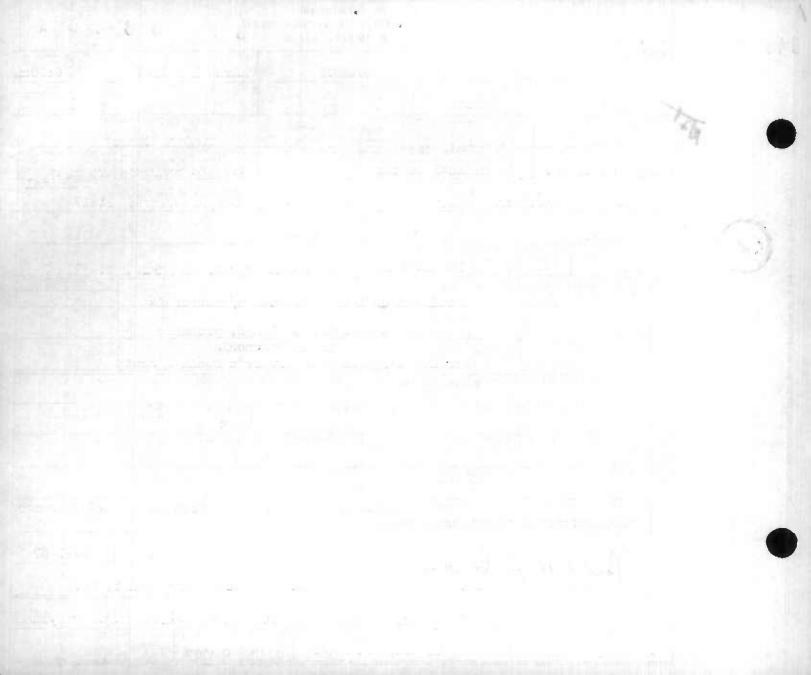
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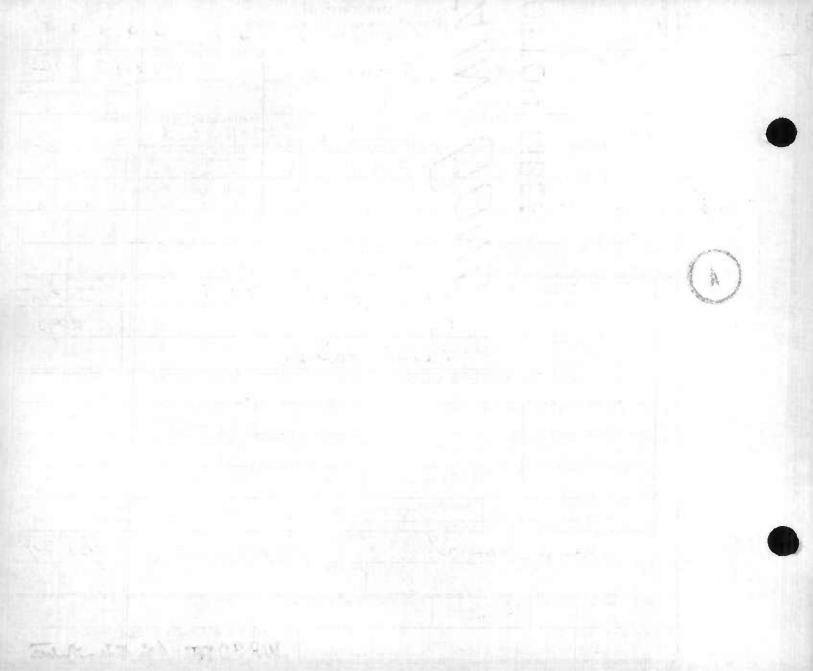
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14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
	Mole
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
YES WW II 722-14-4859 Lorraine B. Hobeck 124 5th Ave.	21227
18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c), 1 PARTI, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
PARTI. DEATH WAS CAUSE DBY: IMMEDIATE CAUSE (0) Carcinoma of lung, advanced w/metastasis	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, il any, which ((b) Edema and congestion of lungs, probable	
gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF branchopneumonia	Market
Passive congestion of liver, chronic & acute	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART Ita
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE F	
YES X NO YES	NO [
210. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	ART 2)
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR P.M. 19	
21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY	NTY STATE
ILE NOT WHILE ORK AL WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	
220.1 certify that (IXthis hospital) attended the deceased from March 13 19 87, to March 16 19 8	37 XXXXXXXX
X and the decorated when the body the b	m the causes stated
72b SIGNATURE DEGREE 22c	DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [5]	3-17-87
THE PROPERTY OF PROPERTY 120 ADDRESS	
MELICIA SANTOS, M.D. VA Medical Center, Perry Point,	Md.
230. BURIAL, CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY 236. LOCATION	
Burial 3/19/87 Crownsville Vet. Cem. Crownsville A.A.	

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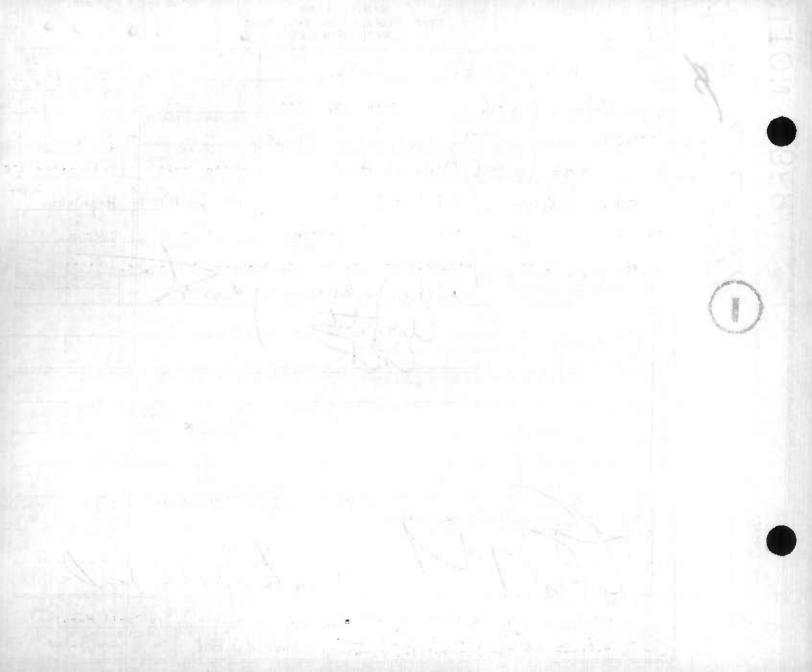
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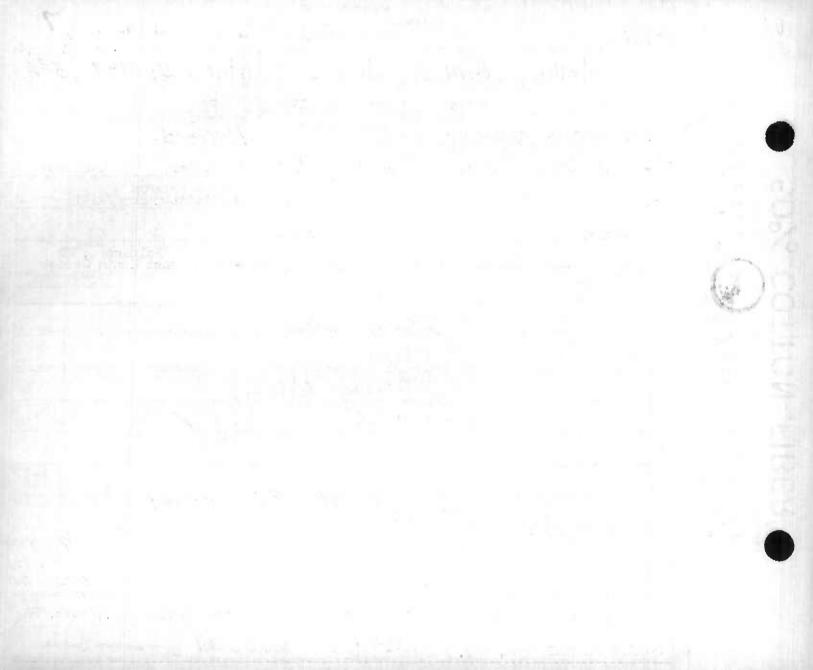
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8 1 7 8 BAR 2		FOR STATE REGISTRAR			DEPARTA		ALTH AND MENTAL HY CATE OF DEATH	GIENE	/ REG. NO.	8 4	00
		CEASED NAME	FIRST		DOLE	LA	ST	20 DATE	OF DEATH MON	TH DAY YEAR	26 HOUR 20
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1 11 177		TY OR TOWN OF DEA	TH /		DSPITAL, NURSIN	IG HOME O	OTHER INSTITUTION	12a USU	AL OCCUPATION		OF BUSINESS OR
10 to 13 100	14	wre de Gra	CO	Harlord.	MLHor	1 11	ospitals	A Carlotte and the	ic Works		bridge NTO
212	etsu.	L RESIDENCE (IF NURSI		OTHER INSTITUTION, G	IVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	In STREE	T ADDRESS / ZIF		21904
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1 11 17	He F	THER'S NAME		AIDDLE	1457		IS MOTHER'S MAIDEN N	AME	0		
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A S S S S S S S S S S S S S S S S S S S		VAS DECEASED EVER		MED FORCES? 1	66 SOCIAL SECU	RITY NO.	17 INFORMANT	/Sal 1	ADDRESS		
BALTIMORE, MARYLAND The be executed within 24 The books I and 2 should Out. Popes I and 2 should Out. Popes I and 2 should Out.	1	YES, NO OR UNKNOWN)	WW]		216-14-5	006	Everett E.	Jackso	n EIKEO	n.Md. 21	921
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OF ST.,		PART 2. OTHER SIGN	IFICANT C	ONDITIONS CON	NTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TER	MINAL DISE	ASE OR CONDITION	ON GIVEN IN PART	lio
ORO	CERTIFICATION										Marin T
BECK A STATE OF THE STATE OF TH	13	190 DATE OF OPERAT	ION	196. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	20a A		b. IF YES, WERE FINI CERTIFYING CAUS	
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7 3 3 3 5 E	1.360	210. ACCIDENT WAS UNDER		21h. TIME OF HOUR A.M	INJURY . MONTH DA	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	?)
0 2 11 17	EDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)			19					
SION THE PARTY OF	묲	21d. INJURY OCCURR		21e. PLACE O	F INJURY	ARM ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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14 P P P P P P P P P P P P P P P P P P P		saw the deceased	d alive on and (did not	view the body o	fter death.	, one	d that in (my) (aur) opinia	n death accu	rred on the date o	nd hour and from t	he causes stated
8 8 8 9 7 3		126 SIGNATORE	7	10	1 1		ATTENDING	A MEDIC	AL STAFF	77c DA	TE SIGNED
PITAL PITAL Store		1//		70	1/1		PHYSICIAN		OR PHYSICIAN	0	1
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Si haral	73u. 5	SURIAL CREMATION, E	EMOVAL	23h DATE	23c N	NAME OF CE	METERY OR CREMATORY		CATION	COUNTY	THEFT
BP		Burial		Mar.24	.1987 Ho	pewel:	Cemetery	1000	t Deposi	Ph	Maryland
DHMH - 16 60M 7/84	74.5	00 0	1	there .	a of	1 -	25a D/	ATE REC D 8	Y REGISTRAR 15h	REGISTRAP'S SIGN	
(VRA 15, 4)	10	e A. Patte	rson	& Son Pe	erryville	e, Mar	yland MA	R23	1901	in Dandson-	Kerwere



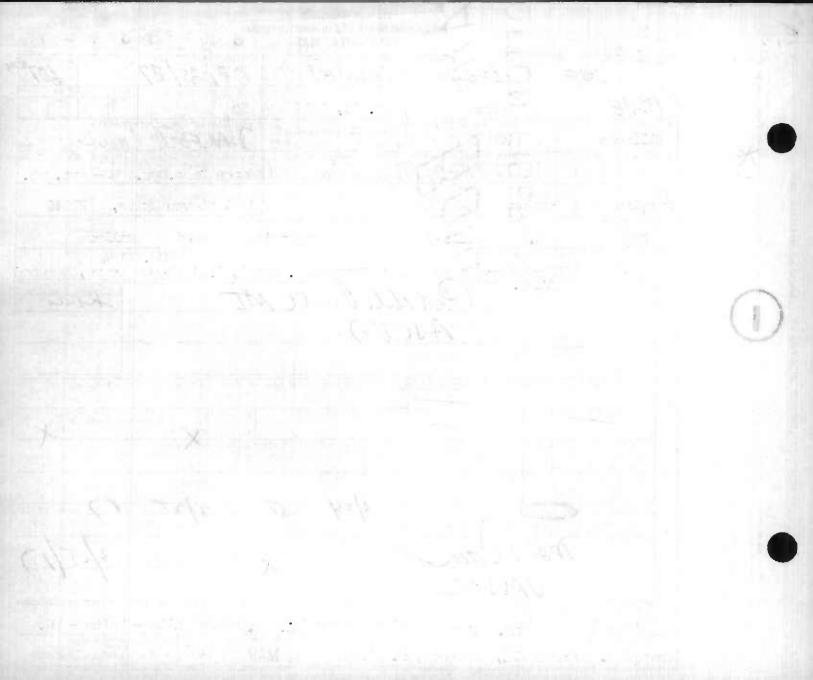




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oy be cose 3 deoth		CRASED NAME FIRST J	ice De	MIDDLE Dean	Kin	AST Kimmel AME	OB 25	187 DAY	YEAR	26. HOUR
ge 4 mo ector.pc	3 SEX	MALE	4 RACE Whit	te	oct.	29, DAY 1936 EAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
72 hours	7a BI	RTHPLACE (STATE OR FOREIGN CUNTRY)	7b. CITIZEN OF	F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	P. BALTIMORE CITY C	COUNTY OF	CLU	y MD.
. 1182	10 CI	FALSTON		HOSPITAL NURSIN	HOME C	A HOSPITAL	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Sewage Disp	OF WORKING LIFE)	12b. KIND O INDUSTRY US-go	business or ovt. Ret.
BALTIMORE, MARYLAND 2120 be executed within 24 hours con ond completely filted in or consists. Poges 1 and 2 should be filter. in, the medicol exeminer in the medicol exeminer.	13a. S	RESIDENCE (IF NURSING HOME OR TATE 13b COUN ryland Har	other institution ity ford	131 CITY OR TOW Edgewood	N	13d INSIDE CITY LIMITS? YES NO 🏡	13 STREET ADDRESS 1921 Steve	/ ZIP CODE	e, 2	21040
MARYL.		Joy A	•	Kimmel		15 MOTHER'S MAIDEN NA Margueri	te Naomi		iller ⁱ	Ţ
be execution on the control of the c	16a V	Yes WWII-	Korea-	356-28-3		17 INFORMANT Barbara J.Kin	mel, 1921 S	ESSMd. 21 Steven I	1040 Orive,	Edgewood
ST., BAL		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse pe D BY: E CAUSE (a)_	File tory) (b), gh	rhile	lawa	UL			MATE INTERVAL ONSET AND DEATH
that the region of the control of the theorements of the control of the theorements of		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	OR AS A CONSEQUE	<u>C</u> (/	D.				
DIVISION OF VITAL RECORDS, 201 W ING PHYSICIAN: The law requires that r ottending physician. Wher this certificate has been signed by as the build-transit permit. Then please th and Mental Hygiene prior to build, or arked or Iden 18 second injury, or oth	NOIL	PART 2. OTHER SIGNIFICANT C								
VITAL REC VITAL REC LN: The low hysician. Icote has be ronsit permit permit permit Hygiene pri	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		OF INJURY	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDIN	OF DEATH?
SION OF VI	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	A.M. MONTH DA P.M.	AY YEAR		RED (ENTER NATURE OF NU	RY IN ITEM 18 PART	TORPART 2)	
DING PHYS or offerthis e os the bu olth and M.	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
ATTEND ospitol o icTOR: A d for use t, of Heol		22a.1 certify that (1) this hospit sow the deceosed alive an abave, (1) (we) (did) (did no	-		, or		death occurred on the de	ate and hour ar	nd from the	that (I) (we) last causes stated
TAL OR by the horacle detocher tote Deprint if here			=,20	au		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		3/2	SIGNED
TO HOSPITAL TO FUNERAL Stoold be det with the Stote		22d. PHYSICIAN'S NAME (19PE O	ASS	AR		22e ADDRESS			/	
BP		URIAL, CREMATION, REMOVAL Burial	23h DATE	7 1987 Gar	risor	Forest Ma.Ve	23d LOCATION CITY OR TOWN	ills - Ï	Balto	- Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG.	NO.	0		8	soup?		1	U
:	DEATH	MONTH	7	DAY	1	YEAR	2b	HOUR	-

117	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	0841	U
	CEASED NAME FIRST ELVI	7 Ma	ry Ki	RKWOOD	20. DATE OF DEATH MONTH	987 85	PM
1.50	Female	4. RACE	S. DATE	OF BIRTH DAY PEAR YEAR	6. AGE (IN YEARS LAST 8:01HDAY)	IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
7	MD.	10.5	, H. WIDOW		Harfo	rd	MD.
12.C1	BELATE_	(IF NOT IN SUCH FA	SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESS). T CONVAL.	OROTHER INSTITUTION Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	12b. KIND OF BUSINES INDUSTPY Home	SSOR
HEIU.	AL RESIDENCE (IF NURSING HOME OF 136 CO)	INTY	e residence before admission i. City or town hite Hall	134 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP C 4531 Harfor		Rd.
120	THER'S NAME	ANIEDDI F	IAST	15. MOTHER'S MAIDEN NA	ME	LAST	
10		enton	Wright	Laura	Jane	Jackson	
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
	YES, NO OR UNKNOWN) (IF YES, C	2	13-36-940	N. Calvin	Kirkwood	same as abo	ve
NOI	gove rise ta immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, ON (c) (c) CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION		
TIFICAT	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATION	ON WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES \(\text{ NO } \(H?
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M.	NJURY MONTH DAY YEAR 19		RED (ENTER NATURE OF INJURY IN ITEM	(18 PART OR PART ?)	
MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	218 PLACE OF	INJURY FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY ST	ATE
-	220 I certify that (I) this has bone of twelfdid did in SIGNATURE	ın	19	ond that in (my) aur) opinian DEGREE ATTENDING	death occurred on the date and	hour and from the causes state 22c. DATE SIGNED	re) last ted
	224 PHYSICIAN'S NAME (17PH	ORPANI	UNCAU		DIRECTOR PHYSICIAN	set arm	24
	BURIAL, CREMATION, REMOVA	23b. DATE		CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY ST.	ATE

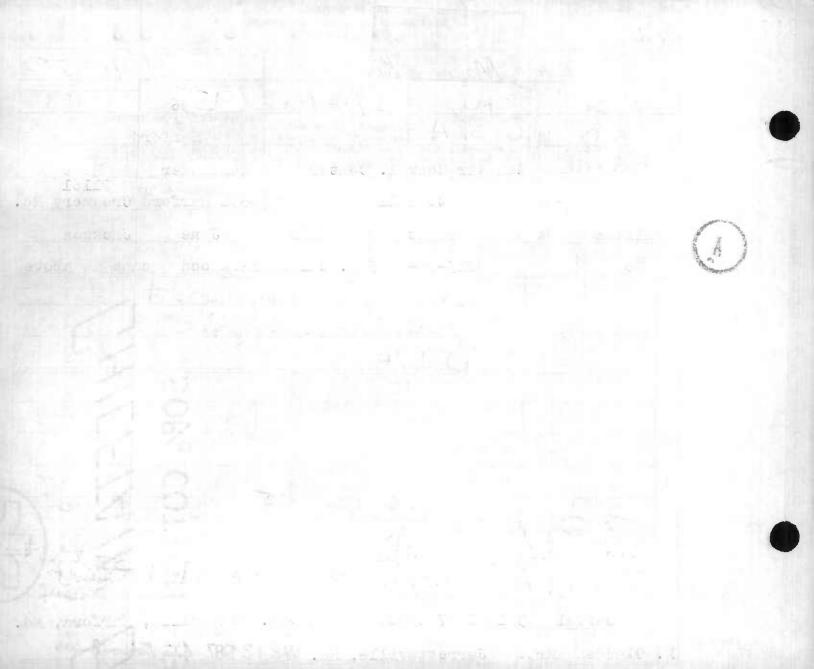
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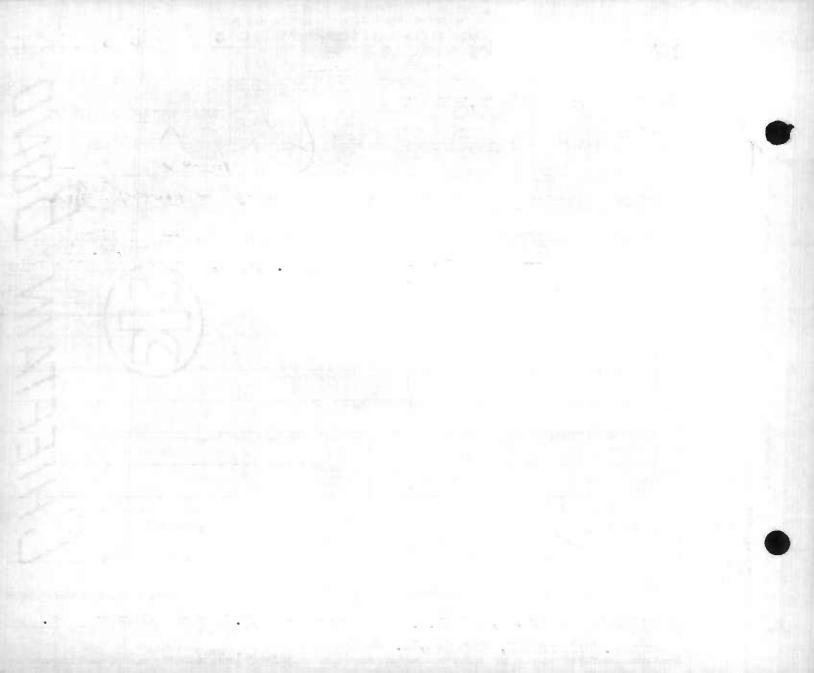
BP

Burial 3,
M FUNERAL DIRECTOR
M. Gladden Kurtz (VRA 15, 4)

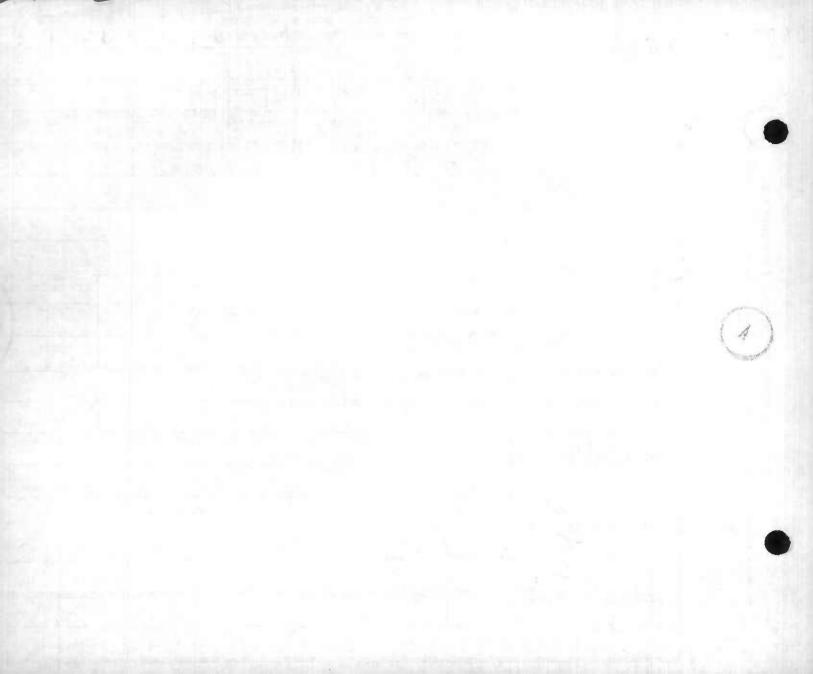
Jarrettsville,

136. DATE REC'D. BY REGISTRAN 236 REGISTRAN'S SIGNATURE MAR 13 1987 Aulia Dicitor Rudes

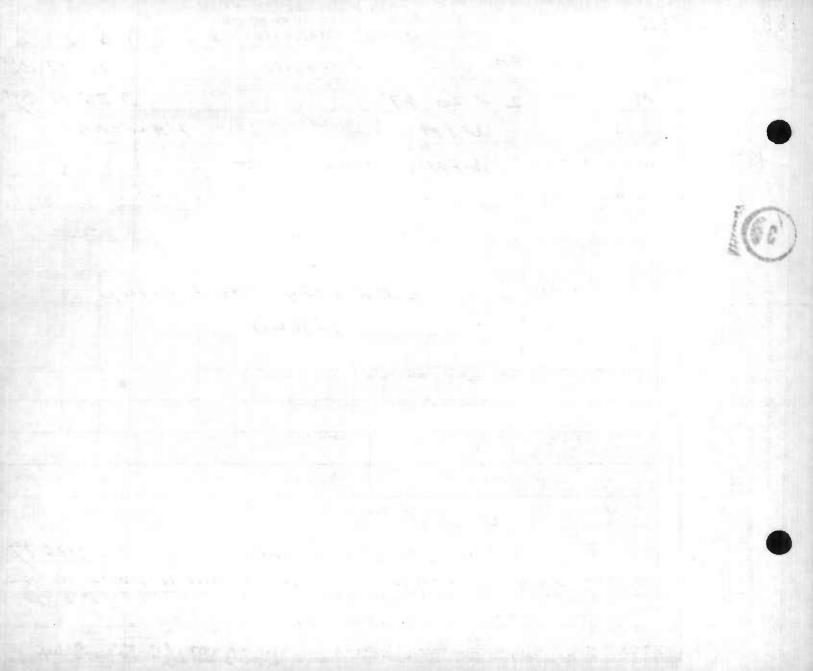




STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR IT DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Dewey L. Martin 1087 DEATH MATED 4 RACE SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 7:45 March 18 White Male DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA W. Va. Harford County DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION TYPE OF WORK 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Fallston General FOR MOST OF WORKING LIFET Fallston Hospital Parks Dept. MAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2031 Gough Street 21231 Balto. Md. YES X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Riggs Haves Martin Audrey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 165 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1953-1954 218-28-0957 Audrey Koszczepki 3834 Bank Street Yes CAUSE OF DEATH (Enter only one cause per shotgun of multiple pellet entrance wounds) APPROXIMATE INTERVAL EXPERIENCE OF FROM OF FROM OF head, chest, Conditions, if ony, which gave rise to immediate (basabdomen and left arm DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse lost. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION USED / 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMNER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "Y PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, DIRECTOR, PAGE 3 SHOULD BE USED ARTWARD. 21 201 PRIOR TO BURIAL. YES 🔀 NO [210 EXTERNAL CAUSE WAS TIME OF INJURY
HOUR XX MONTH DAY YEAR TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING WOR CONTRIBUTING CAUSE OF DEATH Subject shot 21s PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STABLE, EACYDRY, YARM, ETC.) CITY OR TOWN 307 Philadelphia Rd, Joppa, Harford Co. MD house X 72s. I certify that I took Autoosy Inspection Inquiry and in my apinian Hamicide Y death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL DATE 3-22-87 SIGNATURE MEDICAL EXAMINER E. Smilek, M.D. 111 Penn st., Balto, MD 21201 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Owings Mills Md. Burial 3-24-1987 Garrison Forest Vet 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR **DHMH** - 17 JCHN M. WEBER & SON INC. 401 S. CHESTER ST. (VR A15 ME (5))



STATE OF MARYLAND 048715 MAR 315% DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME WALTER (TYPE OR PRINT) Ma Luis DEATH MATED AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED DIVEVER MARRIED FOREIGN COUNTRY WIDOWED [DIVORCED NORTH CAROLINA ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Menzoria (RET) SHIP BUILDER SHIPPING LAL RESIDENCE (IF IN NI HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SE STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DELAWARE CRUM LYNNE NO X 19022 1273 HAVERFORD ROAD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST COLLINS MATHIS ELIZABETH 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) SAME AS #13e 243 12 5468 MRS. TESSIE EVELYN MATHIS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ASCUV) Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COHNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted from: __ Natural couses Homicide ___ Undetermined manner 64 allease (1 Harre de EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION 27MARCH87 R. A. FERRIS + CO. BP. WEST CHESTER 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.



TO THE The state of the s Service of the Osters

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 8 2014 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEA DAYS YEAR FEMALE WHITE AUGUST 12, 1918 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Harford 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER USUAL RESIDENCE (IF HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE MD HARFORD HAVRE de GRACE YES X 662 FRANKLIN STREET 21078 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE LAST **EDWARD** SHAW SARAH ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 205 22 2902 ALBERT C. MITZEL. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a) Ab), and (c). PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (a), stating underlying couse RELATED TO THE JERMIN AL DISEASE OR CON PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ON GIVEN IN PART 1:0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNT STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) but (II (IIII) hospital) oftended the deceased from and that in (my) (aur) apinion death occurred on the date and hour and framilihe causes stated did not) view the body ofter death DEGREE ATTENDING STAFF DIRECTOR PHYSICIAN the Sto Te ADDRES 236 BURNAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN BURIAL 17MARCH87 ANGEL HILL CEMETERY HAVRE de GRACE, HARFORD 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

MARIE DE JAL MAN 1989 JAL MAN 1

		FOR	050 4 03	STATE OF MARYLAND	AL INGUENE	
017270 313	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		0 8 4 1 6
OTILLO HAN		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	
noy be page 3	(TYPE	KOY	DAVID	MITZEL	MAK	ch 7 1987 6:05 M
4 mo	3. SE	Mar	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST E	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
oge irect		MACE	WHITE	8-115-2	61	YRS.
d . Ho	1	RTHPLACE (STATE OR FOREIGN COUNTRY) NNSYLYANIA	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARR	IED X	OR COUNTY OF DEATH AD.
D 34 %	10.0	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTI	ION 120 USUAL OCCUPA	TION 126 KIND OF BUSINESS OR
100	HA	VRE de GRACE	HARFORD M	emorial Hospis	FAL LABORTE	OF WORKING LIFE) INDUSTRY BAIRY
filled in	M	AL RESIDENCE IN NURSING HOME OR TARY LAND 136 COUNTY ARY LAND HARI	OTHER INSTITUTION GIVE RESIDENCE BEFOR	READMISSION) 13d INSIDE CITY EI VES A NO	- Itan Maria	D ST. #3/21078
MARYLAND ed within 24 mpletely fille and 2 spoula	14. F/	THER'S NAME	MIDDLE MITT	IS MOTHER'S MAI	M II	MITTEL
	160 V	VAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADD	Shaw -44+
BALTIMORE, be executed and company to be edical and company to be edica	- 1	YES, NO OR JINKNOWN) [IF YES, GIV	YAR OR DATES) 164-28-	-6335 ALBERTC.	MITZEL, 6621	FRANKLIN ST. HDEB. MI
BALT m. the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for lo 1, 16, o	ndicity ()	6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E / 1 3 1 1			E CAUSE (o)	A sur	7	
NO PARTIES			DUE TO, OR AS A CONSEOU	IBYCE)OF		
SE S		Conditions, if ony, which gove rise to immediate	(b)	120		
by the size of the other		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO	ENCE OF		
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tDS, quire quire tabe tabe	Z	PART 2. OTHER SIGNAL CART	ONDINONS CONTRIBOTIVO TO	DEATH BOT NOT KEEPIED TO T	THE TERMINAL DISEASE OR CO	NOTITION GIVEN IN PART ITO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir of offending physician. Wher this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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offen offen offen ter thr ss the b hand	ME	WHILE ONOT WHILE O	(AT HOME STREET FACTORY, OFFICE,		CITY OR	OWN COUNTY STATE
NDIR I ar Use o leolt s mo		220 I certify that (I) (this hospit	tol) attended the deceased from,	F. D. 26 , 19	87 , 10 March	7 . 19 87 . that (I) (we) lost
Spito CTO for of h		sow the deceased alive on above, (1) (we) (did) (did no	Mach 7 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (our)	opinion death occurred on the	date and hour and from the couses stated
OR to DIRE		22b. SIGNATUR	0//	DEGREE	Constitution	22 DAY SIGN D
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		BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c.	NAME OF CEME, FRY R CREM.	ATORY 234 LOCATION	COUNTY STATE
BP	24 5	Removal JNERAL DIRECTOR	ØØ 3-9-87		26- DATE BEST DATE OF COMME	Plath projects age
DHMH - 16 60M 7/84	24. 1	NAME	ADDRESS		MAR 1 3 1987	R 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)		State Ana	atomy Board	Balto., Md.	MINIT TO 1901	House house L. Kanna

STATE OF MARYLAND Item # 14. Film G 626 4/1/87 ra DEPARTMENT OF HEALTH AND MENTAL HYGIENE 15 STATE CERTIFICATE OF DEATH HEGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Loula May Munnikhuysen 03-03-1987 4:15pm 1 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR FEMALE WHITE OCTOBER 18, 1886 100 In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Harford MARYLAND WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 176, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Havre de Grace Citizen Nursing Home HOMEMAKER USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MD HARFORD **ABEROEEN** YES | NO X 508 NORTH PARIOISE ROAD 21001 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST CARVEL **AMOSS** LAURA SPENCER 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 213 36 8848 MRS. MYRTLE A. DENBOW. SAME AS #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for rai, (b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC) NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from_ and that in (my) (our) opinion death occurred on the date and have and I om the causes stated 726 SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NUMBER 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) COUNTY BURIAL 6MARCH87 FRIENOSHIP METHODIST CEM. FALLSTON, HARFORD CO., MARYLAND

25W REGISTRAR'S SIGNATURE Chilea Dandson- Kan

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

MITCHELL FUNERAL HOME, PA, HAVRE de GRACE, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

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	shat the death certhiolis be executed within 24 hours after death. Page 4 may be	of by the Strending physician and completely filled in by the funeral director, page 3	ather a		
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FOR

- STATE

REGISTRAR 20 DATE OF DEATH I. DECEASED NAME MONTH DAY YEAR 7b. HOUR LIVEE OR PRINTS DAN 1 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR MONTH YEAR 1934 Female White Dec 22 52 TIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **P. BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) Maryland U.S.A. WIDOWED DIVORCED [0, CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bata Shoe Laborer JAUAL RESIDENCE (IF NURSING HO E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Factory UL COUNTY 13e.STREET ADDRESS / ZIP CODE 136 CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Cecil Port Deposit NO X 156 Dr. Jack Road 21904 YES | FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 11 Truslow Gabrella Frank Snelling ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) 212-32-4706 Richard B. Nesbitt, Port Deposit, Md. 21904 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY METASTATIE URINARY BLADDER CAROLNO, IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LIVER METASTASIS RICHT 1LIAC VEIN THROUGSOSIS 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE March 19 10 87 March 2910 87 220.1 certify that (1) (this haspital) allowed the deceased from. saw the deceased alive and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (d 226. SIGNATURE DEGREE 22r DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e. ADDRESS 504

23¢ NAME OF CEMETERY OR CREMATORY

Asbury Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

Patterson & Son, Perryville, Maryland

Apr. 1,1987

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Burial

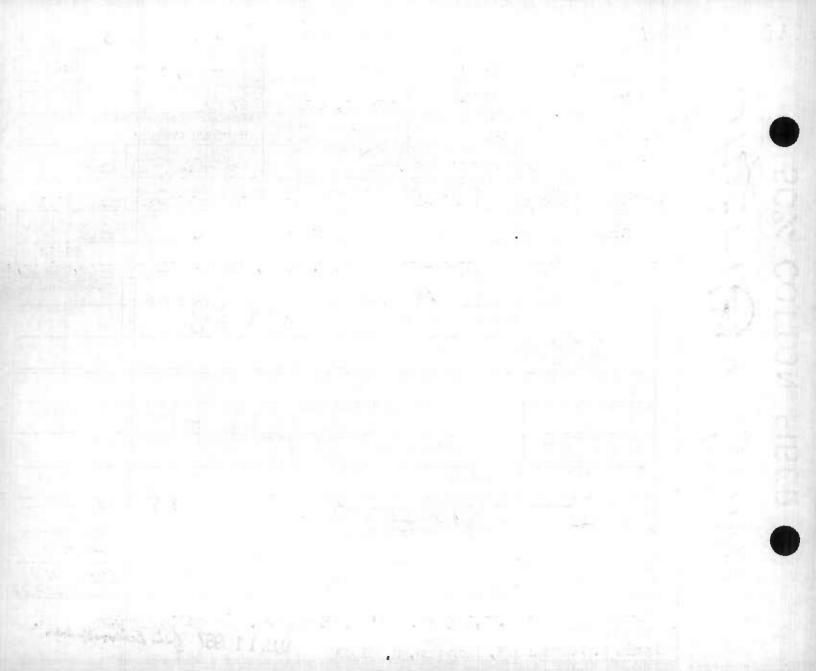
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Port Deposit Cecil Maryland MARRY DBY RESISTRAR 256 REGISTRAR'S SIGNATURE,

23d LOCATION

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STATE OF MARYLAND



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LAND 21	in 24 hor y filled in spould be	5 soul	Пза. S Ма		VTY II	CITY OR TOW	Hall	d. INSIDE CITY LIMITS?		/ ZIP CODE	21] lle F	l61 Road
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DIVIS	TENDING Portal or offer the or use os the	of Heolth and	W	while NOT WHILE AT WORK 22a. I certify that (I) (this hopp sow the deceased alive or	tpl) ottended the o	16 19 1	3/	that in (my) (our) opinion	10_3/	2719	87	that (I) (we) lost
•	TAL OR AT by the hosp RAL DIREC detached t	ANT: If Item		obove, (I) (we) (did) (did) no 27b. SIGNATURE	W	fer deoth	17		MEDICAL STA	FF CIAN []	3/2	SIGNED
	etoined by 11 TO FUNERAL should be det	MAPORTANT:		0 = N	ASR			2112 I	Belan	Road	- Fre	likes
	BP		(URIAL, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR	3/30/	136 N 1987 Hi		ew Mem. Ga	23d LOCATION CITY OF TOWN Pallst TE REC'D. BY REGISTRAL	on, H	COUNTY Brfor	STATE Md.
	DHMH - 16 6 (VRA 15		Μ.	Gladden Ku:	rtz Ja	arretts	ville	Md. APR		lie Sind	A SIGNAL	Less,

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 221 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Andrew Nowakowski, M.D. 125 N. Main Street, Bel Air, Md. 21014 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION STATE Mar.7,1987 R.A. Ferris Crematory Cremation W.Chester Chester Howard K. McComas III, Abingdon, Md. 21009

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

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IF UNDER I YEAR

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IF UNDER 24 HRS

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DHMH - 16 60M 7/84 (VRA 15, 4)

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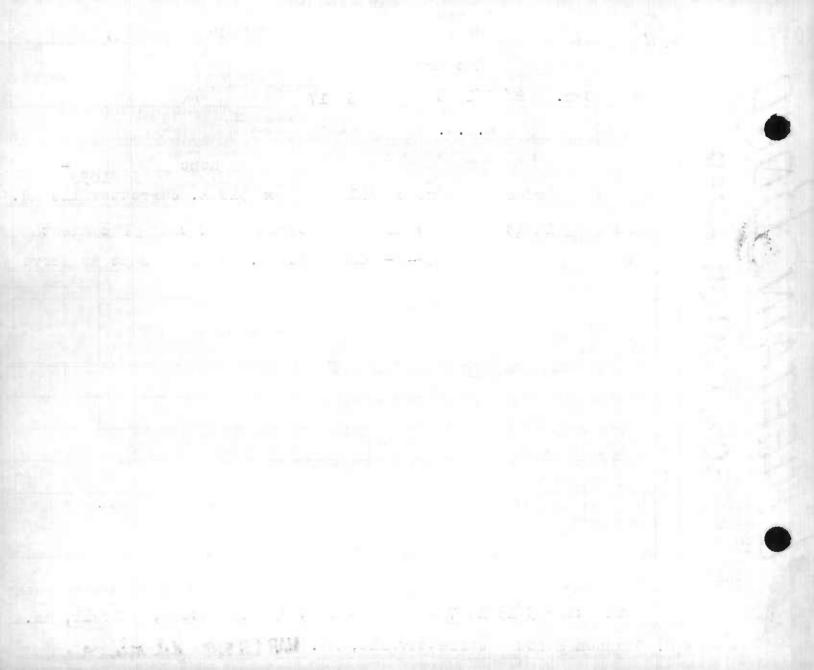
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4.97	8.5 APR	-8	7 REGISTRA MIS CAN	HERWE RITA ROWE	CERTIFICATE OF DEATH	REG. NO	00424
		T	DECEASED NAME FIR	MIDDLE	D LAST	20 DATE OF DEATH	AONTH DAY YEAR 26. HOUR
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		3	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
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7	1	5	CITY OR TOWN OF DEATH	WE NOT IN SUCH FACILITY, GIVE		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
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ND 2	NI)	3a. STATE 113b	tor ford 6, Darlin	TOWN 13d. INSIDE CITY LIMIT	130.STREET ADDRESS /	ZIP CODE ROAD 34
3/	東大震力	200	FATHER'S NAME	MIDDLE LASI	15 MOTHER'S MAIDEN	INAME	
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W	1 12 1	1	No	063-0	7-9945 Mrs. Mary Elly	A RAMSEY BE	Air, maryland 21014
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-	A POR SECTION OF THE PARTY OF T		abave, (1) (we) (did) (did not) view the body after death.	DEGREE		22c DATE SIGNED
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	51 5213	1	30 BURIAL, CREMATION, REM	OVAL 236. DATE	231 NAME OF CEMETER OR CREMATO		
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	DHMH - 16 60M 7/8	84	SOSEPH William	Foster 50 W. Bross	RESS	DATE REC'D BY REGISTRARIA	SE DECISTOAD'S CICHATTINE
	(VRA 15, 4)		Jan Brollie	Inde Bel Air,	Maryland 21014 A	PRO 1 198/ 94	in Dendorn Kendan

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGINO. DECEASED NAME 20 DATE KNOWN X TYPE OR PRINTS OF ESTI-DEATH MATED 3-10 1087 John Sawa SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. IF UNDER 24 HRS d HOUR 2c. DATE 4 STBIRTHDAY March 1 PRONOUNCED :40 192 Male White 1987 DEAD a. M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Marvland USA WIDOWED [DIVORCED Harford County IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1726, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Harford Memorial Hospital Harve de Grace State Police USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13p. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [Balto MiddleRiver NOX * 804 Corktree Road 21220 md THER'S NAME 15 MOTHER'S MAIDEN NAME John Sawa Alberta Connolly Sr. 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS I HE YES GIVE WAR OR DATES! 68 - 72219-44-9025 MaryAnn Sawa 804CorktreeRoad21220 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURL YES XX NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR driver in auto/tractor trailer impact 4:22 KK 3-10 CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) northbound I-95 near RT. 155, Harve de Grace WHILE AT WORK XX NOT WHILE highway Harford Co., Md. Autopsy XX 220 I certify that I took charge of the remains described above, held an NORE, MARYDA death resulting Undetermined manner Homicide TITLE (SPECIFY) 3-10-87 SIGNATUR EXAMINER'S NAME 21201 111 Penn St., Balto., Md. EE Dennis F. Smyth, M.D. (TYPE OR PRINT) SA PE 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION 3/13/87 Oak Lawn Cemeterv Baltimore Maryland Burial 07/84 BP 25M 24 FUNERAL DIRECTOR 25ª DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) ConnellyFuneralHome 300MaceAve, 21221 Gulia Dand



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	IS NECESSARY PLEASE E FUNERAL DIRECTOR. E 5. FOR YOUR FILES. ED, WITHIN 72 HOURS W PRESTON STREET,	Ma	ale	Cau	1.	8/25/1	986	LAST BIRTHDA	-	DAYS HOURS	MIN.	PRONOUN DE AD	CED	3	14	1987	2A M
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MD.	H. IF ANY DELAY IS NE 1, 2, AND 3 TO THE FUN A PM 3, RETAIN PAGE 5, A AND 2 SHOULD BE FILED, M	14 F	ATHER'S NAM			MIDDLE		LAST		15 MOTHER'S MA	IDEN NAME	MI	DDLE		Ł	AST	
(B	\$ 25 \$ 20		Indrew			natius		schalk		Nerri	za	Tac			can	ient	a.
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E	AIT. P.		18 CAUSE C	F DEATH (Enter only	one cause per line									BETW	PROXIMATE VEEN ONSET	AND DEATH
NO	AL.		7700			CAUSE (a)		al cerebr		ox1a					-		
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DIVISION OF VITAL RECORDS, 201	DICAL DICAL TH AN	z	T ANY 2 OTHER 3	ionii icanii ce	-	ONTRIBOTING TO OCATH	PUT NUT KEE	ATEO TO THE TERM	INAL DISEAS	OK CONDITION GIVEN IN	PAKI 1 0						
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	TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI				æ, M			ADDRESS		St.,	Bait	O., M	U 2	21201	
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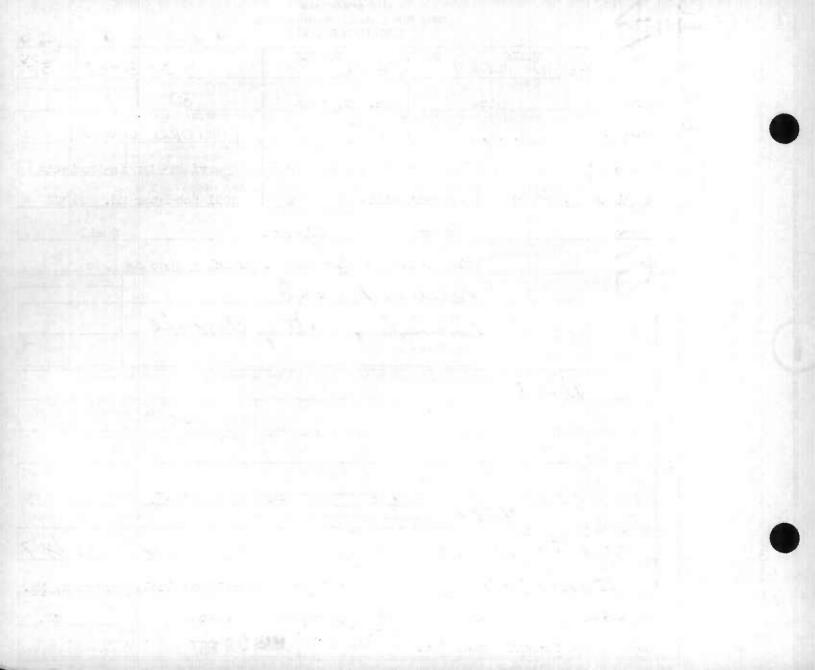
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J 4 8 5 8 1 MA	13	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 8 4 2 5
m c		PECEASED NAME FIRST	MIDDLE	C = AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noy be poge 3		EDWARI) C	SCHROEDER	32	387 1'A M
a od -	3 5	EX 4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
ge 4 ector		Male	Black	3 1 1 29	58 YRS.	MONTHS DAYS HOURS MIN.
Po Po	7 70.	BIRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
and The Party	≥ M		USA	WIDOWED DIVORCED		MD.
De est	10	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
5/10 20	41	HUSION I	FALLS ON	SENERAL HOSP	Laborer.	INDOSTRI
24 hour	130	UAL RESIDENCE (IF NURSING HOME OF O STATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEF Y 13c. ÇITY OR TO	ORE ADMISSION) DWN 13d INSIDE CITY LUMITS	? 13e STREET ADDRESS / ZIP COI	JE .
AND 24		Maryland Harf	ord Joppa	YES NOA	1213 Joppa I	Road 21085
Principal of the state of the s	2 14.	FATHER'S NAME	DOLE LAST	15. MOTHER'S MAIDEN		
BALTIMORE, MARYLAND 2120 e executed within 24 hours no and completely filled in b. Pages 1 Dad 2 should be fill medical examine (mixible in	W:	illiam H		oeder Emma	Jane	Davis
PRE, lecut court c	1 160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	21085
Pogg		Yes Kore	017 01	-9000 Vivian Me	dley,1213 Joppa	
1. 1.		18 CAUSE OF DEATH (Enter only	one cause per line folio, (b),	pnd rc /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED		is mulmoney (crest	74 3/23/8
NO STATE OF THE PARTY OF THE PA			DUE TO, OR AS A CONSEC	DUNCE OF	08	Mil
EST de	1	Conditions, if any, which	(b) Jerm	mal Carmona	o/ Junes	Aine 1984
the of the or remove emotions		gave rise to immediate cause (a), stating the	DUE TO, OR AS ALONSEO	MENCE OF 9	0 0 11	1 2
it W. P that the lby the cose rel cose rel r other		underlying cause last	(c) (ACI	revia han	mo B Manul 89	hus
S, 20 iires igned gned buric iny, o		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION O	IVEN IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the dean entition of the other straining physician. Wher this certificate has been signed by the other straining to so the burial-transit permit. Then please remove can the and Mental Hygiene prior to burial, cremating an entitle of them Tokhows pay injury, or other transmit	CERTIFICATION					
S be	€ 5	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
TALR The I trion. The loss to be set					YES NO	res NO
VITAL AN: The hysicion hysicion fronsit i Hygiet Oshov		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
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PHYS) ending this ce the burn d Mer	MEDICAL	21d INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG office of the office or the or the	1	AT WORK NOT WHILE				
R A See A Se		22a I certify the (1) (this hospita			to	, 19, that (1) we) last
Spirite Spirit		saw the deceased alive on abave, (1) (we) (did) (did nat)	view the body after death.		ion death occurred an the date and ho	our and from the causes stated
OR JORE DORE		226. SIGNATURE	0	DEGREE	C /HEDICAL STAFF	224. DATE SIGNED
. + . 2		U,	Jun 116	ATTENDING PHYSICIAN		13/23/8/
HOSPITAL ined by th FUNERAL wild be det h the State		224 PHYSICIAN'S NAME (TYPE OR P		22e ADDRESS	0.0.011	2101/7
TO HOSPITAL TO FUNERAL Should be determined by the Storte			C. SUN, MIZ). 1800 Har	Tord Kd. 18/15th	1 21047
F 8 F 2 2 2 1	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
BP	L	Burial	3/26/87 G:	arrison Forest		1,BaltimoreMD
DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	ADDRES	Aberevery and 150	DATE REC'D. BY REGISTRAR 256. REGIS	2
(VRA 15, 4)		LARRING tu	med 333 5,	PARKE ST	MAR 2 6 4087	andron-Marstalle



Towson, Md. 21204

Ruck Towson Funeral Home, Inc.

(VRA 15, 4)



STATE OF MARYLAND

1-	REGISTRAR				CENTIL	FICATE OF DEATH	C	PEG NO	U	0	
	CEASED NAME	FIRST	MI	DOLE		LAST	20 DATE OF	DEATH MONTH	H DAY	YEAR	26 HOUR
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3 SEX			RACE	лита		OF BIRTH		EARS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER 24 HR
-	male		White		10-1	L5-30 YEAR	56		YRS	NTHS DAYS	HOURS MIN
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	lto. MD.		U.S.A		WIDOWI		На	rford Co	ount	V	٨
	ITY OR TOWN OF DE	ATH 1	1. NAME OF H	OSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL	OCCUPATION FOR MOST OF WORK		126 KIND C	F BUSINESS C
	oppa,MD.	153	1719	Singer	Road-	-21085		Maker	KING LIFE)	INDUSTRY	
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M	D.	Harfo	ord	Joppa	1 K 3	YES NO X		19 Singe	er R	oad 21	.085
LA FA	ATHER'S NAME		IDDI E	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE		LAS	
1	FF	Rederic	k	Seim		Emma Eli	zabeth		ton		
	WAS DECEASED EVER			M SOCIAL SECE	URITY NO	17 INFORMANT		ADDRESS			2108
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-26-2	2085	Allen F. Slag	rle - 1	719 Sin	ger]	Road .	
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TIFICATION	gove rise to im- couse (0), statu underlying couse	, which mediate and the lost.	DUE TO OR DUE TO, OR (c) DIVIDITIONS COR	AS A CONSEQU	JENCE OF	NOT RELATED TO THE TERM	AINAL DISEASI	DPSY? 20b.	IF YES, V	WERE FINDING CAUSES	
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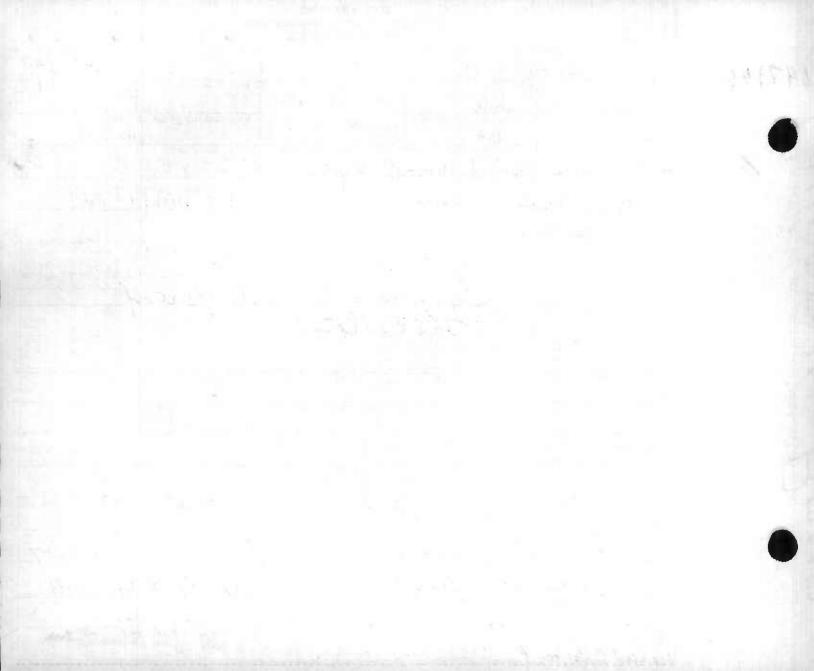
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

John C. Miller, Inc.-6415 Belair Rd.-21206

		1,	FOR - STATE			FATE OF MARYLA OF HEALTH AND A		GIENE 4'4	0 0	
			REGISTRAR		CEF	TIFICATE OF D	PEATH	REG. NO	US	~ 6 0
			ECEASED NAME FIRST	MIDDL	E	LAST				EAR 26. HOUR
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· FT P	D. HAND	1.5		RACE	5. D/	TE OF BIRTH		6. AGE (IN YEARS LAST BIRT		
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1 5	CEA	105	JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	HUSPILA	<u></u>		8 3:32 4	710
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hos bes	19	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPER.	ATION WAS PERFO	RMED	20a AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	
CIAN 9 phate entifical	ntol H	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	SEVILL	JURY MONTH DAY Y	AR 21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PA	(RT 2)
G PHYS	olth and Me morked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IT	NJURY ACTORY, OFFICE FARM, ETC	211 LOCATIO	NC	CITY OR TOW	VN COUN	NIY STATE
AA		Ш	220.1 certify that (1) (this ho	pital) attended the de	ceased from 3 ·	- 2	1987	10 3 - 10	1987	that () (we)
ATTEN Sspitol	21 is		sow the deceased alive abave, (I) (we) (did) (did	on 3-10	1987	, and that in (my)	(aur) apinion	deoth accurred on the da	te and haur and fran	m the causes stated
~ 수 교	ept tem		226. SIGNATURE	IIII VIEW THE BUDY OTTE	r dearn.	DEGREE		1	224	DAJE SIGNED
	ate D		tolu	- 11	in	A	TTENDING PHYSICIAN	MEDICAL STAF	INT 3	110/8
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I U	with the Stat		JOUR	10	/un/	1	acus	20 9	ray	mel
BP	(BURIAL, CREMATION, REMOV		400-	OF CEMETER OR C		234 LOCATION	COLMIT	STATE
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DHMH - 16 (VRA 1		10	I'ME +A	1 Rici	ADDRESS	1170	MAF	12 198/	the distinct	" Carmine
(*****	J, 41	1/2	mus / face	Risi	ng Sun,	MD 2191	1	9		



DEPARTM	NENT OF HEAL	FMARYLAND TH AND MENTAL HY ATE OF DEATH	2 / 0	8 1 9 0
MIDDLE	LAST		REG. NO.	DAY YEAR 26 HOUR
JANE	SYM	4N	March 26, 1987	4 PM M
	S. DATE OF B		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
te	May 24	1, 1908 YEAR	78 YRS	MIN.
WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	WIDOWED		Harford County	y MD.
HOSPITAL, NURSIN		THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
Idlewild R			Housewife	
N. GIVE RESIDENCE BEFORE		INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	DE 21014
Bel Air		ES NO 😡		pad. Bel Air, Md.
LAST	15.	MOTHER'S MAIDEN N	AME	LAST
Sheen		Jane	D40 D40	Dixon
166 SOCIAL SECU	RITY NO. 17.	INFORMANT	ADDRESS	21014
398-60-0	025 Sa	andra S.Bur	ke, 602 Idlewild	Rd. BelAir, Md.
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OR AS A CONSEQUE	NCEOF A		1 / 1	1. 1.4-40

(YES, NO OR UNKNOWN) no 18 CAUSE OF DEATH (Enter only one cause of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. Canditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY

200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M 1.9

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED

31e PLACE OF INJURY

THE LOCATION

22s. I certify that (I) (this haspital) attended

726 SIGNAPORE

Cremation

FOR - STATE REGISTRAR DECEASED NAME

TTYPE OR PRINTI

Female

70. BIRTHPLACE (STATE OR FOREIGN

ID CITY OR TOWN OF DEATH

Bel Air

Wisconsin

Maryland

14 FATHER'S NAME

3. SEX

FIRST

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE

William 160 WAS DECEASED EVER IN U.S. ARMED FORCES

WILLA

Harford

MIDDLE

4. RACE

Whi

USA

NAME OF (IF NOT IN SI

602

7h CITIZEN O

CAT HOME STREET, FACTORY, OFFICE FARM, FTC Y

COUNTY DIATE

NO

20b. IF YES, WERE FINDINGS USED

DEGREE

STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED 3-27-87

Joan P. Edwards, M.D.

2112 Belair Road, Fallston, Md. 21047

and that if (m) (our) opinion death occurred on the date and hour and from the courses stated

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23t. NAME OF CEMETERY OR CREMATORY R.A .Ferris & Co.

23d LOCATION W.Chester

City on fown

Chester Pa.

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL uld be deto

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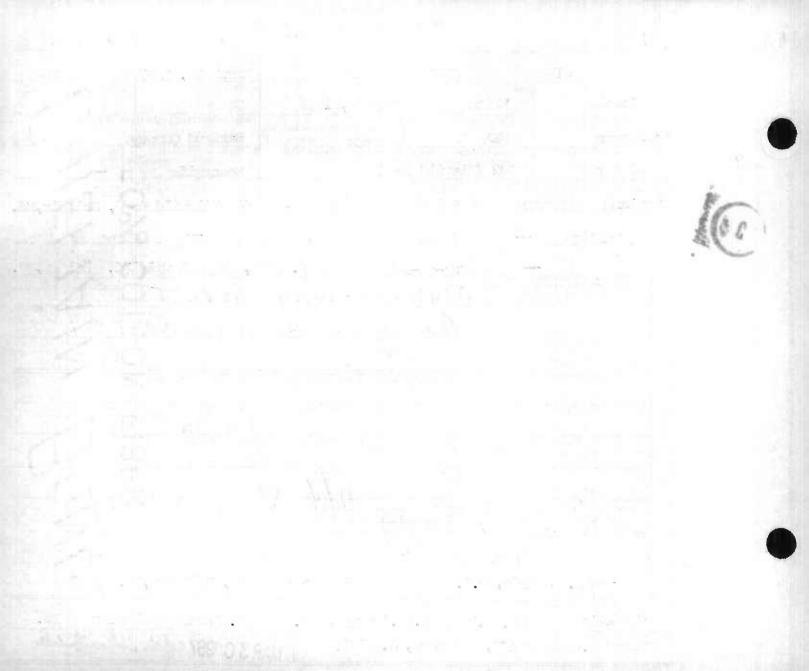
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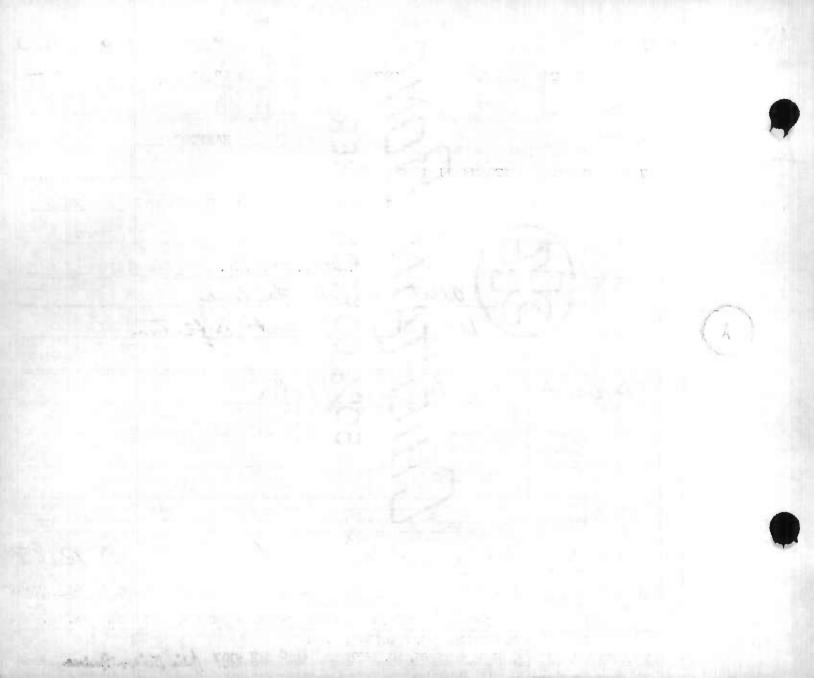
MPORTANT

Mar. 28, 1987 24 FUNERAL DIRECTOR Howard K.McComas III, Abingdon, Md. 21009

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Divideon- Kan



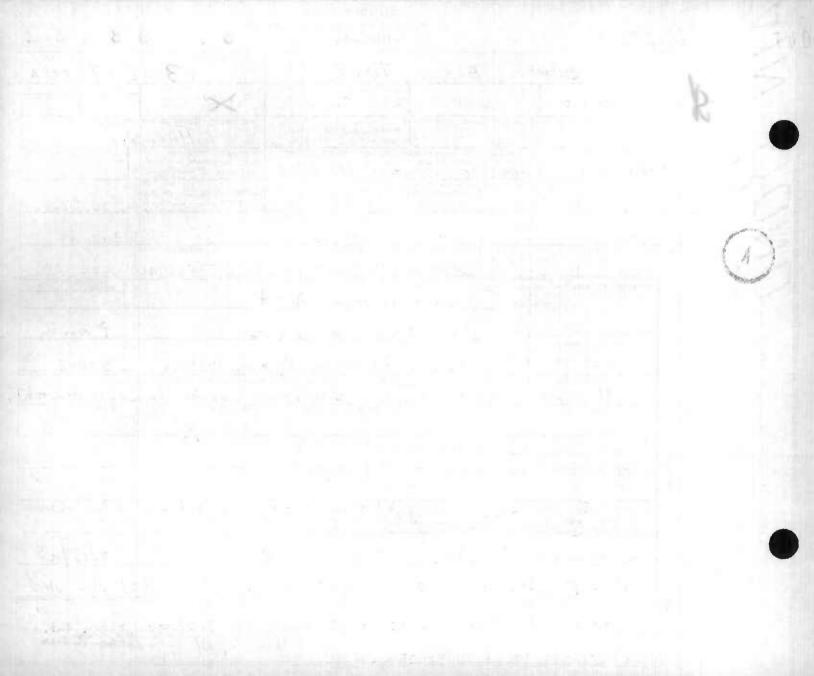
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH **ISTRAR** LAST 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) BERTHA MAUDE TAYLOR 3/12/87 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDS POLHOS 3:5EX 5. DATE OF BIRTH IF UNDER I YEAR MONTH YEAR FEMALE WHITE JUNE 4. 1895 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED KENTUCKY WIDOWED DIVORCED HARFORD 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CITZENS NURSING HOME HOMEMAKER HAVRE DE GRACE USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13L CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? HARFORD HAVRE de GRACE YES X 515 BOURBON STREET 21078 MD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST SIMPKINS MAGGIE DURHAM MILES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO 226 92 1505 MR. JOHN S. TAYLOR, JR. SAME AS #13e 18 CAUSE OF DEATH (Enter only one couse per line for PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a A.CONSEQUENCE OF rur ar Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceosed alive an above, (1) (we) (did) (did nat) view the body ofter death , and that in (my) (aur) opinian death accurred an the date and hour and from the causes stated 226 SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS SOULAR 230 BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) ROSELAWN MEMORIAL GARDENS BURIAL 16MARCH87 PRINCETON, MERCER CO., 24 FUNERAL DIRECTOR SEVER FUNERAL SERVICE, ADDING, PRINCETON, W.VA. 250 DATE REC D BY REGISTRAR 756 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) MITCHELL FUNERAL HOME PA. HAVRE de GRACE, MD. 21078



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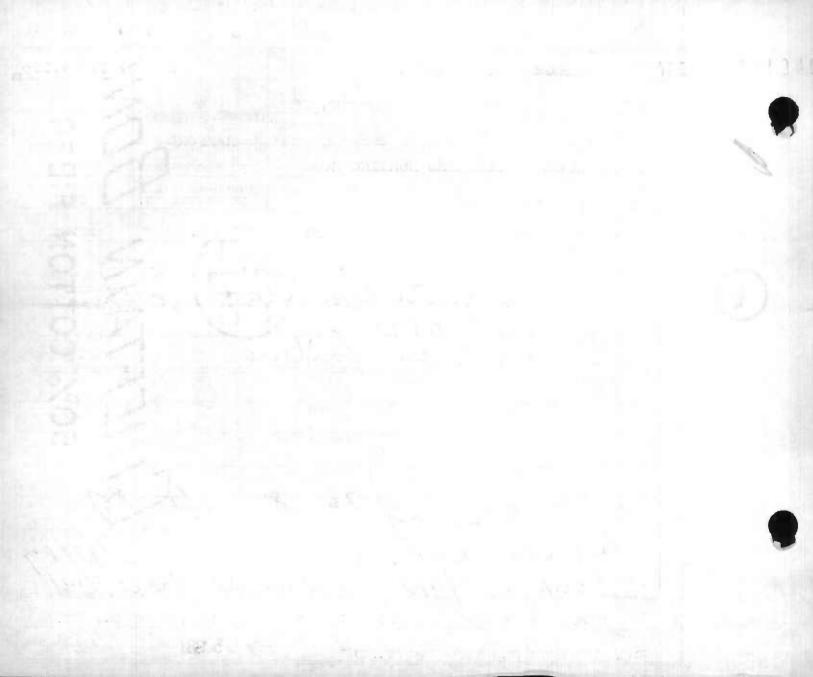


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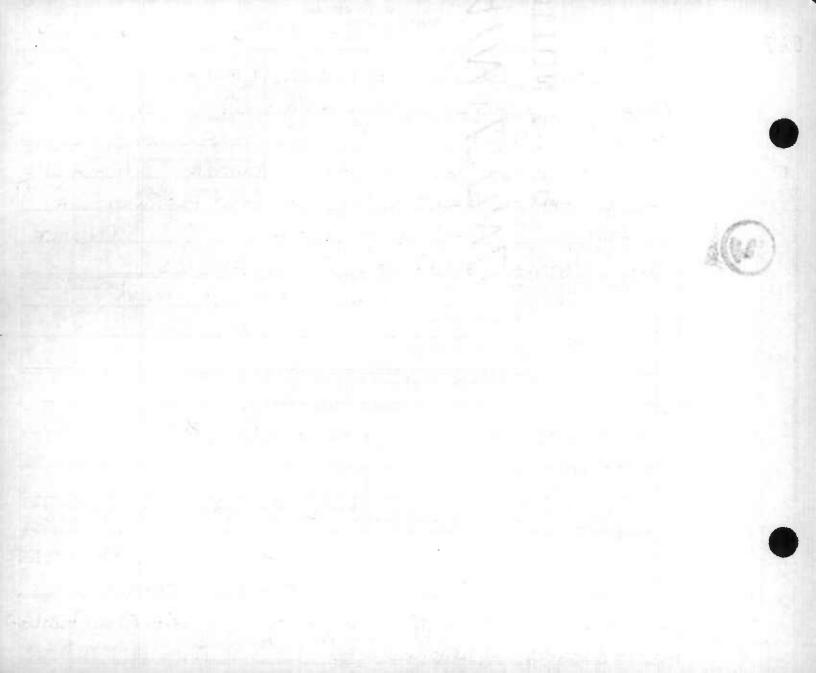


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH YEAR 26. HOUR [TYPE OR PRINT) BASSAdore NMI nanch AGE LIN YEARS LAST BIRTHDAT IF UNDER I YEAR 5. DATE OF BIRTH 3. SEX MONTH YEAR MALE WHITE MARCH 1907 80 YRS To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY VIRGINIA USA WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FARMER AGRICUL TURE (RET) IAL RESIDENCE (IF NURS IN OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1193 OLD ELKNECK ROAD 21921 CECIL ELKTON NO X MD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST BLEVINS ETTIE WALLS TRULY ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST SAME AS #13e 212 32 3505 MRS. SADIE WALLS NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per live for (a), (b), and (a). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT TO LAKE TO THE TERMINAL DISCASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 IF YES, WERE FINE OF DEATH? IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY NO NO YES 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFE MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC") 22a I certify that (I) (this hospital) attended the deceased from. sow the deceased alive as March 31 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 77L DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 778 PHYSICIAN'S NAME (TYPE OF PRINT) MPORT 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) BP 3APRTI 87 BURTAL BEL AIR MEMORIAL GAROENS BEL AIR, HARFORD COUNTY, MARYLAND 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIC NATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4) MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD 21078

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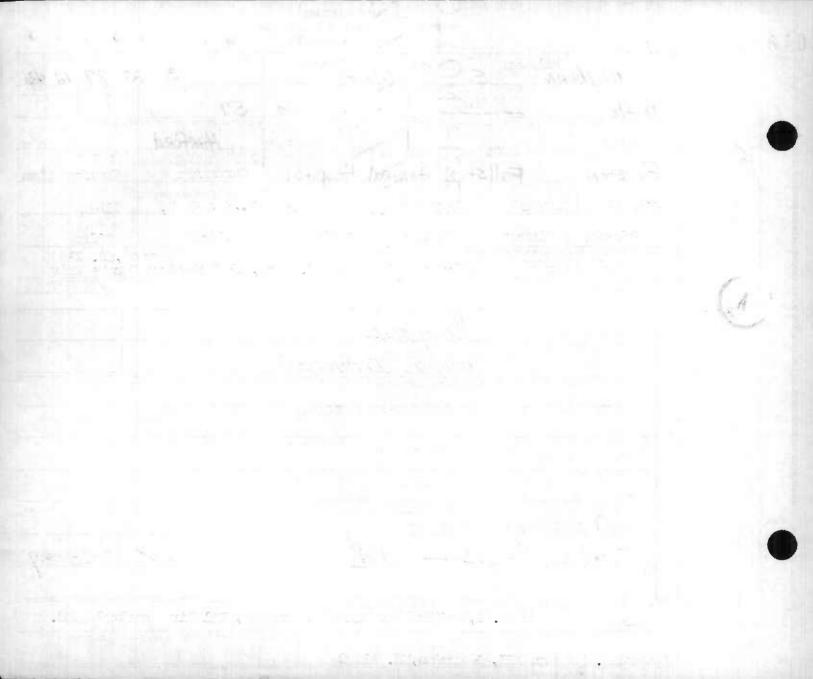
	1			STATE OF MARYLAND		
	1.	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE S	08 30
047900 HAR	20	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 . 0 -
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR A.
may be page 3	(Itte	LEONARD	1.	1) ASKSY	MARCH 18	7891 5
may may	3. SE		I. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS
ctor s offi	te	IALS.	104:70	APRIL 14. 1929	[7]	MONTHS DAYS HOURS MIN.
Pog 40 0	7a. B		CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR CO	TAX
E 18 10	3	ARYLAGO	115 A	MARRIED NEVER MARRIED WIDOWED DIVORCED	HADENOU	" SUSTU
P C	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
- 4 de	1	0110	(IF NOT IN SUCH FACILITY, GIVE STREET	I I ale	TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY
50 E E	Jersu	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION GIVE RESIDENCE REFOR		10WUER	· IT IACH · SHOP
Do 4 h	130	TATE 136 COUN	13c. CITY OR TOW	IN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	CODE 31047
LAN E	117	AKYLAND HAK	FORD FALLST	15. MOTHER'S MAIDEN N	11808 bru.	INVUE WAY
A CONTRACTOR	17		HIDDLE	FIRST	MIDDLE	LAST
(10 m) 2 0	1	HARRY	WASKE	HTIO3 P		MIQUET
A CONTRACTOR		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
	19	ES KOR	EA 21724	8310 -AMIL	4 KECORDS	
BAL STATE		18 CAUSE OF DEATH (Enter anl	y one couse per line far (a), (b), an	M []	1. 0. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., I g ply g ply gong remus	10	PART I. DEATH WAS CAUSED IMMEDIATE		hermen Illerall	tene aldreno cer	icenan
on ST.			DUE TO, OR AS A CONSEQU	ENCE OF		
the deat		Canditions, if any, which	(b)			
W. PRESTON out the death ce by the attendin sse remove carb i, cremation, or a		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF		
by by ose oth		underlying cause last.	(c)	21162 01		
gned in plec		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The law requires that the death certificant trescented thin 24 attending physician. After this certificate has been signed by the attending physician that the buriol-transit permit. Then please remove carbon paths that and Amerial Hygiene prior to buriol, cremation, or removal orked or them 18 shows any injury, or other traumatic eve	NO NO					
Prior	1	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
hos lo	Ĕ				YES THOSE	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
N: The	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN I	ITEM 18 PART (OR PART 2)
NOF VIII		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR		
PHYSIC ending this cert burial ad Menting don the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
VISIO	X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
DIVIS PLANTS OF STREET AND SEE OF THE OF STREE		220.1 certify that (I) (His haspite	Trattanded the deceased from	3/22/10 81	4 . 4	, 19_87_, that (I) (we) last
DO ON THE SE		sow the deceased alive an_	3 19	87 and that in (my) (our) opinia	h death occurred on the date a	and hour and fram the causes stated
hospin hospin hed to be for them 2:		abave, (1) (we) (slid).(did nat 22b. SIGNATURE	view the bady ofter death.	DEGREE	1	22c DATE SIGNED
		TES. OIGHATORE	Ma	ATTENDING	MEDICAL STAFF	- 0.0 11 1- 1-1
PITAL by til	1	274. PHYSICIAN'S NAME (TYPE OR	DDIAT.	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	I BRCH 19 1987
HOSP HOSP FUNE Wild be		M'	10 THAM	The ADDRESS	- W. C	00:
TO HOSPITAL Of retained by the TO FUNERAL I should be detain with the State I IMPORTANT: #	-	1		FR	KAUKPIU JAI	UARE URIVS
	230	BURIAL, CREMATION, REMOVAL SPECIFY)	1 1 1 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	13	URIAL	3-31-1981 H	IGHVISW PARK	H	ARFORO I JARYLAND
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS	300 HARFORD 250 D.	AN RED DE BY REGISTRAR 256. I	
(VRA 15, 4)	13	VANS CHAPE	LOFI ISMOR	iss ROAD		Jan Davidson Randords



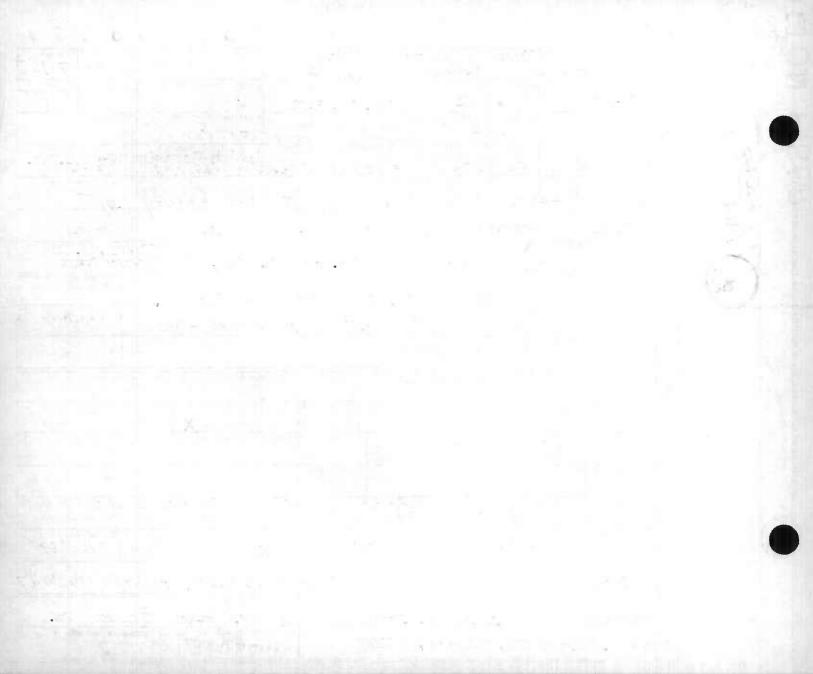
	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE	08 4 5 /
1011 10	2	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D
		GEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR 3
poge 3		Graci		Webster		
offer. p	3. SE		1. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST DIR	MONTHS DAYS HOURS MIN.
osio		FEMALE	MhitE	July 19, 1903	83	YRS.
3		IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
30		Marryland	LisiA,	WIDOWED DIVORCED	Hart	ord MD.
2	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
01	10	allston	Fallston Gen		Stenodrubhe	T. U.S. Gout.
- E / L	130.	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN	ITY HIS CITY OR TON		138 STREET ADDRESS	ZIP CODE
5	_		iord Co Bel Ai		921 Bock	Shund Koud
100	14. F.	ATHER'S NAME	FETGELD CAM	15 MOTHER'S MAIDEN NA	MIDOLE	LAST
				CIACA	MAY	Walstrum
8/		WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	137 4B BO BANK 3	URITY NO. 17 INFORMANT Preside)838-6746ADDRE	55 WEST WHEEL BOAD
y		NO -	216-05-	7461 mrs clara W.	Hopkins 7	BEL Air, MARYLAND 21014
15		IS CAUSE OF DEATH (Enter onl	ly one cause per line for (a), (b), a D BY:	nd (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (0) COM	GESTIVE HEAT	I FAILU	7.5
otion, or re roumatic e			DUE TO, OR AS A CONSEQU	ENCE OF		
troum		Conditions, if any, which gave rise to immediate	(b)			
ě		couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
or oth		underlying couse last.	(c)			
lury.	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
<u>-</u>	CERTIFICATION	190 DATE OF OPERATION	THE CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
wsony	S.	140 DATE OF OPERATION	146 CONDITION FOR WAICE	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
5	E	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO NO	YES NO
8		OR CONTRIBUTING CAUSE OF DEA		PAY YEAR	(ENTER NATURE OF INJU	RY IN IIEM IS PART I OR PART 2)
Hem 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
i op		214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
morked		AT WORK NOT WHILE		/	1	
is m			tal) attended the deceased from	3/27 , 19 0	7.10_3/25	, 19 , that (h (we) lost
21		saw the deceased alive an above, (1) (we) (dud) (did no	t) view the body after death.	, and that in (my) (our) opinion	death occurred on the de	ate and haur and from the causes stated
Ten		22b. SIGNATURE	1- 1	DEGREE		224. DATE SIGNED
E .		Andew / V	Owahows	2 MD ATTENDING	MEDICAL STAI	
TANT	1	224 PHYSICIAN'S NAME (TYPE O	RPRINT)	22e ADDRESS	1 no man	IRD MAR MAIS
IMPORTA		MUNEW N	on ALTour	I had by	· 19712 37	1000 011 7110000
≥	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	234 LOCATION	STATE VINDO'S
		Bur Al		titabor Methodist-Church C		reford Con Mary my 21014
OM 7/84	24_F	UNERAL DIRECTOR FOSTE	50 W. Brondus	ya williams Str 250 DA	AR 2 7 1987	Julia Dinason Real
5, 4)	0	Jonesville Fritz	BEI ALL, MA	mand 21014 M	MI 4 / 199/	Ø

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				STATE OF MAKTLAND		
192 APR-	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 D	8 4 5 4
	I. DE	REGISTRAR CEASED NAME FIRST TA	Villiam MIDDLE , And		REG. NO.	DAY YEAR 2b. HOUR
eoth eoth		E OR PRINT) WilliA			3	28 87 7.15
er deaf	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	WhiTE	Oct. 17, 1922	64 YRS	MONTHS DAYS HOURS MIN.
つら		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	Y OF DEATH
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100	7	ALSTON	FALLS TO M	GENEUAL HOSE	Health Physicis	US KIND OF BUSINESS OR
and 1 see		STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 130. CITY OR TO		13e.STREET ADDRESS / ZIP COD	21047
16/	14. F.	ATHER'S NAME	WIDDLE JAST .	15 MOTHER'S MAIDEN N.	MIDDLE	LAST
<u>QU</u>		Thomas	"Purcell Whi		Mae	Bumpas
Put dies	16a Y		ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 281-20 -		ADDRES Fall R.White, 2100 Hac	ston,Md. 21047 kney Court
			only one couse per line for (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
B/E		IMMEDIA	ATE CAUSE (a) (4) (AV CO	be pseudomonas pr	reumonia.	
n, or moti			DUE TO, OR AS A CONSEO	VENCE OF DEAD Comple	ysema - yrs.	1 month.
trou		Canditions, if any, which gave rise to immediate	(b)	GOLD - MILLION	goerrae grs.	
crer		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF		
buriol.	-	PART 2 OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	VEN IN PART 110
or to	CERTIFICATION					
ne pri	PF S	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	ERTI	21n. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU		ES NO
T I		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	(ETTER TATIONE OF PROOF TO THE IT	7001100100101
1/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
kedo	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
TO E			pital) attended the deceased from	2-27 1987		19_8.7 that (I) (we) last
21 is		saw the deceased alive a	1 1	C 0	death accurred on the date and ho	ur and from the couses stated
E		22b. SIGNATURE	not vigy the body after death.	DEGREE		22c. DATE SIGNED
E		1600		MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/28/87.
MPORTAN		226. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	Z OKECTOR THIS CAN	
POR		B. D. PAREKI	HMD.	1908 HARFO	ORD RUAD, FALL	STON MD21047
₹ →	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
_		Cremation	Mar. 29, 1987 R.	A.Ferris Crematory	W.Chester Ch	nester Pa.
M 7/84	24 F	UNERAL DIRECTOR		25g DA	TE REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE
4)	HC	ward K. McComa	s III, Abingdon,	Ma 21009	1AD 3 0 1987 / /	, Alexandre



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

retained by the haspital or attending physician.

BP.

1	FOR STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT

OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 REG.	NO. 0	8 4	1 4
LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	March 8.	1987		234

	REGISTRAR			CERTI	ICATE OF DEATH	REG. NO	0.		
I. DE	ECEASED NAME FIRST	-	MIDDLE	· ·	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
	Mildre	ā.	M.	Wink	ler	March 8,	1987		
3 SEX		4. RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
1	Female	Whit	ce	Ju	ly 1°, 1927	59	YRS.	ONTHS DAYS	HOURS
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O			
10.CI	ITY OR TOWN OF DEATH	- 10		WIDOWE G HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINES
	Havre de Grace	(IF NOT IN SUC Hari	Ford Memo:	rial :		Housewif	F WORKING LIFE	INDUSTRY	
13a S	STATE Maryland Ba		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Dundal	Ν	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 7707 Mea	ZIP CODE th Roa	ıd	21222
JA FA	ATHER'S NAME FIRST Edward	MIDDLE	Jockis	ch	15. MOTHER'S MAIDEN NAM Minnie	ME MIDDLE		Smoot	<u>6</u> 1
160 V	WAS DECEASED EVER IN U.S. AR/ (YES NO OR UNKNOWN) (IF YES GIVE	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI 217-22-		Robert F.	ADDRE Winkler, Sr		Meatl	n Road
	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause lost.	DUE TO, OI	R AS A CONSEQUE	NO OF	ind uparist	kroot			
ATION	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MAL DISEASE OR CONI			
TIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	R AS A CONSEQUE	NCE OF	siratory a	kreat	20b. IF YES,	WERE FIND	INGS USED
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DHMH - 16 60M 7/B (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

ENGL FRAN

